



Annual Childcare Transportation Request Form

This is a yearly form for parents to use when requesting an alternate pick up or drop off bus stop other than the assigned home bus stop. Northmont City Schools will only transport students to alternate locations for childcare whose address qualifies for transportation (daycare centers excluded.) The childcare provider for students who are in Grades 2-6 **must** reside in the same school catchment area the child is attending. Childcare providers for children attending Kindergarten and Grade 1 **must** live in the Northmont District. No other requests for alternate bus stops will be granted. Please fill out one form for each child.

This request must be completed for each new school year. If a change is made during the school year, a new transportation request must be submitted and approved before the child is allowed to ride any other bus. The new request will void any previous transportation requests. Please check all information to make sure this is the schedule you want for your child. This information is very important to us to ensure the safety of your child. **Requests are contingent upon the availability of space on the affected bus. Requests could take up to five (5) days to complete.**

Please Note - When completing this form, the address for pick up and the address for drop off may be different, but MAY NOT BE CHANGED FROM DAY TO DAY.

School Child Attends _____

Child's Name _____

Home Address _____

Home Phone Number _____

Cell or Work Number _____

Provider's information

Provider's Name _____

Provider's Address _____

Provider's Phone Number _____

Cell Phone or Alternate Number _____

Pick Up - I am requesting that the above-named child be picked up at the bus stop nearest to:

- A. Home Address**
- B. Provider's Address**

Drop Off - I am requesting that the above-named child be dropped off at the stop nearest to:

- A. Home Address**
- B. Provider's Address**

Date requested for transportation to begin _____

I understand that the following request is for five (5) consecutive days in a row.

Parent/Guardian Signature _____ Date _____

Action by Transportation Department

Approved Bus Number _____ Bus Stop _____

Denied Reason _____