

2023-2024

REQUEST FOR TRANSPORTATION
Childcare/Daycare Arrangements

**RESIDENCE OF CHILDCARE OR DAYCARE MUST
BE IN THE SAME SCHOOL ATTENDANCE ZONE**

DATE: _____

SCHOOL: _____

STUDENT'S NAME: _____

STUDENT I.D. #: _____

GRADE: _____

DATE OF BIRTH: _____

HOME ADDRESS: _____

PHONE NUMBER: _____ **CELL:** _____

PARENT'S NAME: _____

PARENT OR GUARDIAN SIGNATURE: _____

NAME OF CHILDCARE/DAYCARE: _____

ADDRESS OF CHILDCARE/DAYCARE: _____

PHONE NUMBER: _____ **CELL:** _____

EFFECTIVE DATE: _____

Please indicate when you require transportation to the childcare or daycare by circling the correct choice below:

AM ONLY

PM ONLY

AM & PM

Please indicate the days your child will be attending childcare or daycare:

Monday

Tuesday

Wednesday

Thursday

Friday

Monday-Friday

**THIS FORM MUST BE RESUBMITTED EACH YEAR
REQUESTS MAY TAKE UP TO 3 DAYS TO ACCOMMODATE**

NO CHANGES WILL BE MADE FROM AUGUST 8 - SEPTEMBER 4, 2023

Transportation Department: kkohler@doversd.org Phone: 717-292-3671 x 80222