ROCKFORD AREA SCHOOLS

FORM F

DISTRICT 883

DAYCARE TRANSPORTATION REQUEST/CHANGE FORM

Important: Use this form only if you child is using daycare and needs to ride the bus between the daycare location and the school

Please print and fill out this form completely:

Student LAST Name (Legal)	Student FIRST Name (Legal)	Student Middle Name	Grade

Student Address	School	Gender
Street (Apt #) City State Zip Code		○ Male ○ Female

Student Contact Information

Parent/Guardian	Home Phone
Address (only if different than above)	Cell Phone

Daycare Information

Name of Daycare Provider Person or Company	Phone
Address	Email (if provided)

Daycare Transportation Needs

Please check ○ Pick up ○ Drop Off

Beginning Date: _____ Ending Date: _____

I realize it is my responsibility to bring my child to and from this daycare site. I do hereby agree to save the School District for any damage resulting from granting this request.

Parent/Guardian Signature **Parent/Guardian Printed Name** **Date**