

**Arcadia Local School  
Childcare Bus Service Request Form  
2019 – 2020 School Year**

Students will be transported to and/or from childcare only under the following conditions:

- Parents must complete this form in the appropriate areas before June 28, 2019
  - Childcare provider must complete this form in the appropriate areas before June 28, 2019
  - This form must be completed before the request is processed.
  - One request form must be completed for each student
  - Childcare service must be on an established bus route in Arcadia School District.
  - **This service is on a space available basis.**
  - Morning stop and afternoon stop may differ, but they **must remain consistent everyday.**
  - Parents and childcare provider must understand the policies and procedures of the Arcadia Board of Education.
  - Preschool students must be met at the bus stop by their childcare providers.
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Today's Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Address: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Parent's contact information:

Father          Work \_\_\_\_\_ Cell \_\_\_\_\_

Mother          Work \_\_\_\_\_ Cell \_\_\_\_\_

Requested Bus Stop address:

A.M. (morning) stop: \_\_\_\_\_

Pre-School TLCDC: \_\_\_\_\_

P.M.(afternoon) stop: \_\_\_\_\_

**I understand the policies and procedures of the Arcadia Board of Education regarding student transportation.**

**Parent's Signature:** \_\_\_\_\_

**Childcare Providers Information**

**A.M.**(morning) Childcare Provider:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**I understand the policies and procedures of the Arcadia Board of Education regarding student transportation.**

**A.M. Childcare Provider**

**Signature:** \_\_\_\_\_

**P.M.**(afternoon) Childcare Provider:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**I understand the policies and procedures of the Arcadia Board of Education regarding student transportation.**

**P.M. Childcare Provider**

**Signature:** \_\_\_\_\_

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Request approved.

A.M. Bus # \_\_\_\_\_ P.M. Bus # \_\_\_\_\_

Request Not approved:

Reason \_\_\_\_\_

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Transportation Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Elementary Principal: \_\_\_\_\_ Date: \_\_\_\_\_