

**Arcadia Local School
Childcare Bus Service Request Form
2020 – 2021 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 July 31, 2020
 - Childcare provider must complete this form in the appropriate areas before July 31, 2020
 - 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: _____

Request approved.

A.M. Bus # _____ P.M. Bus # _____

Request Not approved:

Reason _____

Transportation Supervisor: _____ Date: _____

Elementary Principal: _____ Date: _____