

CENTRAL DAUPHIN SCHOOL DISTRICT
TRANSPORTATION DEPARTMENT

REQUEST FOR CHILD CARE PROVIDER

Student Name _____

Address _____ Zip _____

School _____

Home Phone _____

Care Provider Name _____

Care Provider Address _____ Phone Number _____

(Required)

AM Pickup

PM Drop off

Parent Signature _____ Date _____

For Transportation Use Only

Approved:

Yes

No

Route Specialist: _____ Date _____

Comments _____

To School

Bus No. _____

Stop Name _____

Time _____

From School

Bus No. _____

Stop Name _____

Time _____