

**CENTRAL DAUPHIN SCHOOL DISTRICT
TRANSPORTATION DEPARTMENT
Holy Name of Jesus School**

REQUEST FOR CHILD CARE PROVIDER
Please return this form to Holy Name of Jesus School Office

Student Name: _____ Grade: _____

Address: _____

School: _____ *Holy Name of Jesus School*

Care Provider Name: _____

Care Provider Address: _____ Phone #: _____
(required)

AM Pickup (5 days per week)

PM Drop Off (5 days per week)

Parent Signature: _____ Date: _____

-- Information Below for CD Transportation Use Only --

Approved:

Yes

No

Route Specialist: _____ Date: _____

Comments:

To School

Bus No: _____

Stop Name: _____

Time: _____

From School

Bus No: _____

Stop Name: _____

Time: _____