

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: \_\_\_\_\_

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**- 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: \_\_\_\_\_