

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