

TRANSPORTATION TO OR FROM CHILD CARE PROVIDER

According to District procedures, students may be transported to and/or from a childcare provider under the following conditions:

- a. Requests for transportation to and/or from a childcare provider must be made in writing using the District form. The form must be received in the transportation office by August 10th for the new school year, upon registration of new students, or at least five working days before a change is to become effective during the school year. Phone calls are not acceptable. A new form must be filled out each new school year.
- b. The childcare provider must be located at a regular bus stop. A new bus stop will not be designated for a childcare provider, unless a regular stop is not already located within a reasonable and safe walking distance (as determined by the Transportation Director).
- c. Any changes made must be effective for every day of transportation, or for a specific, identified and regular schedule of days (for example, Monday/Wednesday/Friday at home, and Tuesday/Thursday at daycare), and must be documented on the form.
- d. Only two changes of childcare provider will be accepted during any one school year, except when there are extenuating circumstances, and then only with special approval. Each change will require filing a new request with the Transportation Director.
- e. This policy will be published on the back of the request form. (see Appendix)

LEGAL REF: WI. ST. 121.545 (2)

Adopted: May 10, 1995
Last Revision: January 8, 2014
Last Review: January 11, 2017

RESIDENCE INFORMATION FOR BUS TRANSPORTATION

TODAY'S DATE: _____

START DATE: _____

CITY

PARENT WILL DROP OFF IN A.M. DAILY

RURAL

WALK

PARENT WILL PICK UP P.M. DAILY

Student: _____

Grade: _____

Parent/Guardian: _____

Home Address: _____

Phone Number: _____

Please complete this section if child care applies:

CHILD CARE PROVIDER INFORMATION

Effective Date: _____

<p>For office use only:</p> <p>Teacher: _____</p> <p>Regular Bus: _____</p>
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1st Provider		2nd Provider			
Provider Name: _____		Provider Name: _____			
Provider Address: _____		Provider Address: _____			
Phone #: _____		Phone #: _____			
<u>From Child Care</u>	<u>To Child Care</u>	<u>From Child Care</u>	<u>To Child Care</u>		
Monday	Monday	Monday	Monday		
Tuesday	Tuesday	Tuesday	Tuesday		
Wednesday	Wednesday	Wednesday	Wednesday		
Thursday	Thursday	Thursday	Thursday		
Friday	Friday	Friday	Friday		
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