**Request for Regular Transportation to/from**

**CHILDCARE PROVIDER**

|  |  |  |
| --- | --- | --- |
| Parent/Guardian Name: | | Date: |
| Address: | | |
| City: | State: | Zip: |

|  |  |  |
| --- | --- | --- |
| Child/Children First & Last Name | School of Attendance: | Grade: |
|  |  |  |
|  |  |  |

|  |  |
| --- | --- |
| DROP OFF REGULAR BUS FROM  SCHOOL TO CHILDCARE PROVIDER | |
| Childcare Provider Start Date: |  |
| Name: | |
| Address: | |
| City/State/Zip : | |
| Telephone: | |
| Signature of Childcare Provider :        Date: | |
| Signature of Parent/Guardian:        Date: | |

\*\* Note: *If you are only requesting transportation one way, please cross the other box out.*

|  |  |
| --- | --- |
| PICK UP REGULAR ROUTE BUS FROM CHILDCARE PROVIDER TO SCHOOL | |
| Childcare Provider Start Date: |  |
| Name: | |
| Address: | |
| City/State/Zip: | |
| Telephone: | |
| Signature of Childcare Provider:        Date: | |
| Signature of Parent/Guardian:        Date: | |

**Requests will be honored and processed contingent upon the following conditons:**

1. Student must reside in their specific school attendance area and be eligible for transportation from home. The childcare address must also be in the attendance area of their resident school and also be eligible for transportation.
2. Existing current bus route must go past childcare provider’s resident or designated bus stop. The bus will not add mileage to the route. Routes will not be altered to accommodate a childcare provider.
3. The District requires an adult to be present when picking up and dropping off 4K & 5K students. The childcare provider must be present at both pick up and drop off locations, even if this location is not at their residence (corner stop).
4. Requests received prior to July 15th will be guaranteed a ride provided conditions 1 and 2 above are fulfilled. Requests received after July 15th will be conditioned by whether there is room on the bus and whether there continues to be room. Requests received after July 15th will not begin until the second Monday after school is in session.

**PLEASE RETURN COMPLETED FORM TO:**

**TRANSPORTATION SERVICES, 200 S BROADWAY, GREEN BAY, WI 54303**

**OFFICE PHONE: 920-448-2130, OFFICE FAX: 920-272-7066 or**

**TRANSPORTATION @GBAPS.ORG**