

Request for Transportation to/from Sitter

School your child attends _____

Your child's name _____

Home address _____

Home phone number _____

parent/guardian cell or work phone number _____

Sitter's name _____

Sitter's address _____

Phone number of sitter _____

Pick Up – I am requesting that the above named child be picked up at the bus stop nearest to (circle one):

- A. Home address
- B. Sitter address

Return – I request that the child listed above be returned to the bus stop nearest to (circle one):

- A. Home address
- B. Sitter address

Date needed to begin transportation to/from sitter: _____

Parent/guardian signature _____

Date _____

Action by Transportation Department Date _____

Approved and drivers notified: Bus # _____ Bus Stop _____

Not Approved. Reason _____

Return to Child's School or Fax to Transportation Department Fax Number 415-6651