



Day Care Provider Transportation Form

If your student(s) is to be picked up after school by any day care provider please fill this form out completely. It is necessary to fill out one form for each provider being used. Should you make a change in providers you must notify the school office as quickly as possible.

Effective date to start: _____

Student's Last Name	Student's First Name	Grade for the 2009-2010

Name of Day Care Provider that will be picking up your student(s):

Phone number of provider: (_____) _____ - _____

Please indicate which days of the week your student(s) will be picked up by this provider:

M_____ T_____ W_____ R_____ F_____ All Week_____

Please note:

When your student(s) is absent, please call your daycare provider and the school to report the absence. Both parties need to be notified.

_____/_____
Signature of Parent/Guardian **Date**