

AFTER SCHOOL TRANSPORTATION FORM

Office: 440-349-6250

FAX: 440-248-1402

PLEASE PRINT CLEARLY

School _____

Grade _____

Name _____

Phone #1 _____

Address _____

Phone #2 _____

Signature _____

Date _____

PLEASE NOTE:

All students **MUST** have a permanent schedule. Pre-kindergarten and 1/2 day kindergarten students MAY NOT have more than one (1) drop off location or one (1) stop change during the school year.

Transportation is requested to: (circle)

Creative Playroom JCC PreK - Harper Rd Kids Country Kinder Care CPEA
SCA (Center for the Arts) Other: _____

BOTH AM & PM ALL WEEK _____ MON _____ TUE _____ WED _____ THU _____ FRI _____

AM PICK UP ONLY ALL WEEK _____ MON _____ TUE _____ WED _____ THU _____ FRI _____

MID-DAY PICK UP ALL WEEK _____ MON _____ TUE _____ WED _____ THU _____ FRI _____

MID-DAY DROP ALL WEEK _____ MON _____ TUE _____ WED _____ THU _____ FRI _____

PM DROP ONLY ALL WEEK _____ MON _____ TUE _____ WED _____ THU _____ FRI _____

OR

My child will be going to the home of a PRIVATE DAY CARE PROVIDER. I understand that the provider MUST LIVE IN THE SAME SCHOOL BOUNDARY as do I.

Provider address _____

Provider name _____ Phone _____

I would like (circle) AM Pick Up PM Drop Off

Mid-Day Pick Up Mid-Day Drop Off Days: M T W Th F

TRANSPORTATION DEPARTMENT USE ONLY

AM or M-D Pick up

Bus _____ Time _____ Stop _____

PM or M-D Take home

Bus _____ Time _____ Stop _____

