



**Partners in Education**  
 Bryan Howard - General Manager Petermann  
 Robin McCabe- Administrative Assistant  
 Dan Harmon – Assistant General Manager



**PETERMANN**

**TRANSPORATION REQUEST FORM**

**Purpose:** Requesting transportation for your child/children’s bus stop location when you are using a childcare/daycare provider that is at a location other than the home address.

**Guidelines:**

Students must be picked up and/or dropped off at the same bus stop on a regular schedule (5) days a week for the entire school year. Parents may request service for AM, PM or both.

1. Childcare/Daycare must be located on an existing transportation route. The Transportation Department will not be able to create new routes, bus stops to accommodate childcare/daycare provider.
2. One (1) bus stop change per school year may be requested.
3. Transportation requests must be made each school year.
4. Please allow up to three (3) school days for this request to be processed.

Name of Student	School	Date of Birth	Grade	Please Circle: AM PM or both		
_____	_____	_____	_____	AM	PM	AM &PM
_____	_____	_____	_____	AM	PM	AM &PM
_____	_____	_____	_____	AM	PM	AM &PM

**Pick up Location:**

Address \_\_\_\_\_ City \_\_\_\_\_

Childcare/Daycare Provider Name \_\_\_\_\_ Phone \_\_\_\_\_

**Drop Off Location:**

Address \_\_\_\_\_ City \_\_\_\_\_

Childcare/Daycare Provider Name \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work# \_\_\_\_\_

**Start Date** \_\_\_\_\_ I understand and agree with the guidelines as stated above and give permission for my child to be transported to the above named stoplocation and/or childcare/daycare provider.

Parent Signature \_\_\_\_\_

\_\_\_\_\_ Date