

PRAIRIE HEIGHTS COMMUNITY SCHOOL CORPORATION

Transportation Department

0305S 1150E, LaGrange, IN 46761

PHONE: (260) 351-3214 FAX: (260) 351-3614

Annual Transportation Request Form

1 Form per Family

DIRECTIONS: (Please print)

1. Complete a request form if the child is to be transported to or from an address **other than the home address.**
2. Childcare sites must be located within Prairie Heights School District boundaries.
3. Transportation will be provided to or from **one other location other than the home address.**
4. If arrangements change, please complete a new form.
5. Return to the Transportation Office at least 48 hours before the change takes place.

School year: _____ Child's School: _____ Grade: _____

Child's First & Last Name: _____

Home Address: _____

Parent Name: _____ Home Phone: _____

Parent Employer: _____ Work Phone: _____

(Phone contact must be available at all times.)

Please check appropriate days for childcare transportation. All other times, the student will be transported to/from the home address.

AM/Pick Up

Contact _____

Address _____

Phone _____

PM/Drop Off

Contact _____

Address _____

Phone _____

Which days? M T W Th Fri

Which days? M T W Th Fri

Effective Date _____

Effective Date _____

_____ **Unsure of childcare arrangements at this time.** If this line is checked, you must submit the above information directly to the Transportation Office as soon as it becomes available.

Parent or Guardian Signature

Date

Approved _____
Date _____
Computer _____

Distribution White: Transportation Yellow: Driver Pink: School Gold: Parent