**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.**

<table>
<thead>
<tr>
<th>AM/Pick Up</th>
<th>PM/Drop Off</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact</td>
<td>Contact</td>
</tr>
<tr>
<td>Address</td>
<td>Address</td>
</tr>
<tr>
<td>Phone</td>
<td>Phone</td>
</tr>
</tbody>
</table>

**Which days?**  M  T  W  Th  Fri  

**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