SOUTH LYON COMMUNITY SCHOOLS
TRANSPORTATION SERVICES
REQUEST FOR DAYCARE BUSING

Please fill out this form completely. Failure to do so will delay processing. Complete one form for each school. Students may not change bus stops without notification of approval from the Transportation Department.

PLEASE PRINT
DATE: _______________________ SCHOOL: __________________________________________________________

PRESENT RUN #: __________ STOP: ______________________________________________________________

I hereby request permission and accept responsibility for my/our child(ren) listed below to be granted the following transportation change for pick up and/or delivery.

NAME OF STUDENT(S): __________________________________________________________ Grade

NAME OF PARENT/GUARDIAN: ____________________________________________________ Grade

HOME ADDRESS: _____________________________________________________________________

PHONE NUMBER WHERE YOU CAN BE REACHED DURING THE DAY: _________________________

REQUEST TRANSFER TO:
CAREGIVER’S NAME: __________________________________________________ PHONE: __________________

CAREGIVER’S ADDRESS: ________________________________________________________________

PICK UP & DELIVERY: ____________ PICK UP ONLY: ____________ DELIVERY ONLY: ____________

EFFECTIVE DATE: ________________ PARENT'S SIGNATURE

The Transportation Department will use the following rules to base its decision to provide transportation from a daycare address:

- Approved daycare transportation depends on space availability.
- The daycare address must be within the school attendance boundary.
- The daycare stop must be the same for all five (5) days.
- The daycare location must be near an existing stop on the bus run.

*** THIS FORM IS TO BE FILLED OUT EACH SCHOOL YEAR. ***

Approved requests will cause your child’s assignment to change to the daycare address. If your child should need to change back to the home stop, you must contact the Transportation Department three (3) days prior to riding from the different stop.

------------------------------- FOR OFFICE USE ONLY -------------------------------

ROUTE: __________ DRIVER: ___________________________ RUN: __________ STOP: __________

TRANSFER APPROVED: __________ DATE: __________ EFFECTIVE: __________ AUTHORIZED BY: __________

RATIONALE/COMMENTS: ____________________________________________________________________