



2019-20 Capital School District Childcare/Alternate Transportation Application

**A new form must be completed each year to request alternate transportation.
INCOMPLETE FORMS WILL NOT BE PROCESSED**

Student Name: _____ School: _____ Grade: _____

Parent/Legal Guardian (Please Print): _____

Home Address: _____
City State Zip Code

ADDRESS CHANGES WILL NOT BE PROCESSED WITHOUT PROOF OF RESIDENCY

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Parent Email Address (**Required**): _____

Requested Bus Pickup Location (AM):

Home address: _____
OR
Childcare Provider: _____

Requested Bus Drop Off Location (PM):

Home address: _____
OR
Childcare Provider: _____

Name of Childcare Provider: _____			
Date Pickup/Drop Off Requested to Begin: _____		Phone: _____	
Address: _____			
	City	State	Zip Code
<i>Childcare provider must be located in the same attendance area as the child's school to receive alternate transportation.</i>			
Childcare Director's Name (Printed): _____			
Childcare Director's Signature (Required): _____			Date: _____
Childcare Director's Email (Required): _____			

I hereby affirm that my child will be cared for by the above named childcare provider beginning: _____

Parent Signature (**Required**): _____ Date: _____

Return completed form to your child's school. Parent will be notified by email of their child's bus information, and/or additional details.

DISTRICT USE ONLY	
Home Address Verified: _____	Childcare Provider Lives in Feeder: _____
If no, state exception: _____	(I.E., Choice/Educational Placement)
Child Care Provider Verification Received: _____	Date Parent Notified: _____
Approved On: _____	By: _____
Upon completing school verification, keep original on file.	