



# 2020-21 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): _____			

**This is for long term transportation changes only**

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.**

<b>DISTRICT USE ONLY</b>	
<b>KCCS</b> _____ <b>ILC</b> _____	<b>Requires Special Transportation Needs</b> _____
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.	

