

## 2021-22 Custody/Childcare Transportation Modification Request

## INCOMPLETE FORMS WILL NOT BE PROCESSED

A new form must be completed each year to request alternate transportation. Requests for changes other than custody agreements and childcare are not permitted.

Student Name:	School:			Grade:		
Parent/Legal Guardian (Pl	ease Print):					
Home Address:						
	GES WILL NOT BE PROCESSED WITHOUT	C	City	State	Zip Code	
Home Phone:	Work Phone:	(	Cell Phone	e:		
Parent Email Address ( <b>Re</b>	quired):					
Requested Bus Pickup L	ocation (AM):	Requested Bus	Drop Of	f Location (PM	<b>ſ</b> ):	
	ome address: Home address:					
OR Childogra Provider		OR Childeere Provi	1			
Childcare Provider:		Childcare Provi	der:			
Name of Childcare Provide	er:					
Date Pickup/Drop Off Requ	uested to Begin:		Phone:			
Address:	· ·					
	ocated in the same attendance ar		City receive alte	State ernate transportat	Zip Code ion.	
Childcare Director's Nam	ne (Printed):					
Childcare Director's Signature (Required):			Date:			
Childcare Director's En	mail (Required):					
I hereby affirm that my ch	ild will be cared for by the a	above named childcard	e provider	heginning:		
Parent Signature ( <b>Require</b>	•		•	0 0		
	to your child's school. Par					
		additional details.				
VCCS II.C		ICT USE ONLY	waa Cmaala	l Tuonanoutotio	n Nooda	
KCCSILC Home Address Verified:		Childcare Provider	res Specia Lives in F	d <mark>Transportatio</mark> Geeder:	n Needs	
If no, state exception:			_ (I.E., Ch	oice/Education	al Placement	
Child Care Provider Ver	ification Received:		_ Date Par	rent Notified:		
Approved On:	By: By:	1 .00 .4 1				
	Upon completing schoo	d verification, keep original	on file.			