

AASD CHILDCARE BUS STOP REQUEST FORM

Student Name _____

School Attending _____ Grade _____

Name of Childcare Provider

{Name, Address & Phone Number}:

Please note: Your child will be assigned to the district's APPROVED bus stop nearest to your Childcare provider}

When will this stop be used?:

AM only / PM only / or BOTH AM & PM (please circle one)

Parent / Guardian Name(s) _____

Your relationship to student _____

Telephone Number _____

Email Address _____

Signature _____ Date _____