



CENTRAL DAUPHIN SCHOOL DISTRICT  
 TRANSPORTATION DEPARTMENT  
 600 RUTHERFORD ROAD  
 HARRISBURG, PA 17109  
 Fax (717) 214-1887

REQUEST FOR CHILD CARE PROVIDER

SCHOOL YEAR 20\_\_ 20\_\_

Student Name \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Home address \_\_\_\_\_ Home Phone \_\_\_\_\_

Day Care Provider Name \_\_\_\_\_

Day Care Provider Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
 (Required) (Required)

To School  From School

Requested Start Date: \_\_\_\_\_

Notes: \_\_\_\_\_

Authorizing Signature \_\_\_\_\_ Date \_\_\_\_\_

The child must continue to use the assigned stop until notified that the change has been approved and arranged.

For Transportation Use Only

Approved:

Yes

No

To School

Bus No. \_\_\_\_\_

Stop Name \_\_\_\_\_

Time \_\_\_\_\_

Route Specialist: \_\_\_\_\_ Date \_\_\_\_\_

Effective Date: \_\_\_\_\_

Notes: \_\_\_\_\_

From School

Bus No. \_\_\_\_\_

Stop Name \_\_\_\_\_

Time \_\_\_\_\_