



**CENTRAL DAUPHIN SCHOOL DISTRICT TRANSPORTATION**  
600 Rutherford Road • Harrisburg, PA 17109  
PHONE 717-545-4703, ext. 70518, FAX: (717) 214-5018

**REQUEST FOR CHILD CARE PROVIDER**  
SCHOOL YEAR 20\_\_ - 20\_\_

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

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

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

**REQUIRED**

Day Care Provider Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Day Care Provider Address \_\_\_\_\_

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  Denied

**To School** Bus No. \_\_\_\_\_ **From School** Bus No. \_\_\_\_\_

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

Time \_\_\_\_\_ Time \_\_\_\_\_

Routing Specialist: \_\_\_\_\_ Date \_\_\_\_\_

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

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

\_\_\_\_\_