



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	From School
Bus No. _____	Bus No. _____

Stop Name _____	Stop Name _____
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Time _____	Time _____
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Routing Specialist: _____ Date _____

Effective Date _____

Notes: _____

