



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: _____