



Child Care Transportation Request

RETURN COMPLETED FORM TO
Durham School Services, Transportation Department
1601 Black Hawk Street, Waterloo, IA 50702 ♦ 319.291.4879 ♦ 319.226.9807
waterloo.paiddaycare@durhamschoolservices.com



Transportation of an Elementary or Middle School (non-high school) student(s) to and from school for a student(s) who attends daycare may be provided when all of the following conditions are met:

1. The student is an Elementary or Middle School student.
2. The student attends a child care facility; that is a **licensed child care center, a preschool, or a registered child development home.**
3. The **residence of the student** is more than two (2) miles (middle school) or more than one (1) mile (elementary school) from the student's attendance center.
4. The child care facility is in an area that transportation can be serviced within the school's attendance boundaries **and** is also two (2) miles (middle school) or more than one (1) mile (elementary school) from the student's attendance center. **The child care center location must be within the school attendance boundary.**
5. Written authorization will be received by the parents/guardians. A copy will be kept at both the student's school of attendance and Durham School Services.

The request shall be submitted for a period of time of at least one semester and may not be submitted more than twice during a school year.

By signing this application, you are acknowledging that you have read and understand the terms listed above.

Parent(s) Signature

Today's Date: _____ **REQUESTED START DATE:** _____

Parent(s) Name – Please Print Home Address Phone #

City Zip Code Phone # - Other

Student's Name School of Attendance Grade

Student's Name School of Attendance Grade

Student's Name School of Attendance Grade

A.M. Transportation
(From Child Care Facility) Facility Name Street Address Phone

P.M. Transportation
(To Child Care Facility) Facility Name Street Address Phone

My student has an IEP that includes transportation Yes No (Please indicate which student(s) with an asterisk* above)

Transportation Department Use ONLY

Date Received: _____

Request Denied (Reason) _____ Staff Initials _____

Request Approved A.M. Route # _____ A.M. Stop _____ A.M. Time _____

Request Approved P.M. Route # _____ P.M. Stop _____ P.M. Time _____

Date to Begin Transportation _____ Date to Stop Transportation _____

Date Parent Notified _____