DAYCARE ARRANGEMENTS MUST BE RENEWED EVERY SCHOOL YEAR.

First Student

FAX: 359-4199
6206 Alderson Street, Weston, WI 54476

2012-2013 School Year

REQUEST FOR TRANSPORTATION CHANGE

This is a change of____ permanent address or ____ sitter/day care information
(Please check one)

Student Name	Grade	School	School Last Attended

Parent Name_____ Home Phone_____

Home Address_____Work Phone_____

If you are filing this change because you have moved, please provide your former address:

_____

Sitter/Day Care Must Reside Within Your Same Attendance Area

Name of Sitter or Day Care Center_____Phone_____

Address of Sitter or Day Care Center_____

Days of the Week to Sitter or Day Care **Pickup:** (circle) Mon Tue Wed Thu Fri

Dropoff: (circle) Mon Tue Wed Thu Fri

Transportation will be arranged from/to home Address on any uncircled days.

( ) CHECK HERE IF YOU DO NOT NEED ANY TRANSPORTATION ON UNCIRCLED DAYS.

Date change to become effective_____

Please Allow 5 Working Days For Approval Or Denial. You Will Be Notified By Mail Of Denial.

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I, the student's parent/legal guardian, request the changes mentioned above and give First Student legal permission to alter the regular pick-up or drop-off point, and agree to abide by the transportation policy as set forth by the D.C. Everest Board of Education.

_____Si
gnature of Parent/Guardian Date

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Approved_____ Denied_____ By_____

Reason for denial_____

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