

OFFICE USE ONLY:

Student ID# _____

**SCHOOL DISTRICT OF WAUKESHA
SCHOOL BUS TRANSPORTATION
RELATED CHILD CARE REQUEST**

I am requesting that my child's (children's) address for school bus transportation be changed to provide for child care.

Child or Children's name (s) _____

Address where child resides _____

School _____

Child Care Location:

A.M. Name: _____

Address: _____

Phone No.: _____

NOON Name: _____

Address: _____

Phone No.: _____

P.M. Name: _____

Address: _____

Phone No.: _____

Starting Date: _____

I am aware that school district policy requires that my child is eligible for transportation and that the child care location is in an area that is eligible for transportation. This location must be the same 5 days a week.

Name: _____

Address: _____

Signature: _____

Phone number: _____

E-mail: _____

Please return this to: Dairyland Dispatch at
1520 Arcadian Ave
Waukesha WI 53186

Please allow 5 working days for change to be processed.
At the beginning of the school year please allow at least 2 weeks.