**CHILD CARE TRANSPORTATION REQUEST FORM**

Per School Board Policy 707, Subsection IV, G:

The parent/guardian may designate by a signed, written request a child-care facility, respite care facility, the residence of a relative, or the residence of a person chosen by the parent or guardian as the address of the student for transportation purposes. The address must be in the attendance area of the assigned school and meet other eligibility requirements.

1. **Please enter all information as requested below.**
2. **Circle the pick-up and drop-off plan and indicate the desired start date. From the date the request is received, three to five days are required to implement transportation.**
3. **Transportation will only be provided if the child care provider is in the assigned attendance area and meets the distance requirements to the assigned school.**
4. **The form needs to be signed by the child care provider, the parent and returned to the Transportation Office located in the Edison Building (615 7th ST SW, Room 122, Rochester, MN 55902). Please submit your request by mail (to the above address), Fax 507-328-4258 or E-Mail** [**transportation@rochester.k12.mn.us**](mailto:transportation@rochester.k12.mn.us)

***Complete one form for each student; Forms must be completed on an annual basis***

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**Student’s Name**  **School** **Grade**

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**Parent/Guardian**  **Address**

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**Home Phone/Work Phone** **Email Address**

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**Child Care Provider Name Child Care Address**

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**Provider Phone Provider Email**

**Pick-up Plan (circle one) HOME DAYCARE NONE**

**Drop-off Plan (circle one) HOME DAYCARE NONE**

**Note: Pick-up and drop-off must be consistent i.e. same pick-up/drop-off every day of week.**

**For Kindergarteners….If the AM/PM assignment changes, will these locations change? Y/N**

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**Start Date Day Care Signature Parent/Guardian Signature**