

# RED CLAY CONSOLIDATED SCHOOL DISTRICT

## DAYCARE TRANSPORTATION REQUEST

Student Name \_\_\_\_\_ Date \_\_\_\_\_  
*Last First M.I.*

Student I.D. \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Home Address \_\_\_\_\_ Kindergarten – AM  PM

Development \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Pager \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Telephone No. \_\_\_\_\_

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**Before-School Child Care:**  Home  Other

Name of Provider \_\_\_\_\_

Street Address \_\_\_\_\_

Development \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Telephone No. \_\_\_\_\_

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**After-School Child Care:**  Home  Other  Same as above

Name of Provider \_\_\_\_\_

Street Address \_\_\_\_\_

Development \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Telephone No. \_\_\_\_\_

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Parent/Guardian (*please print*) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_