BISD Transportation Department
Daycare / Other Caregivers Services Form

This section to be completed by the Parent

Date: _____ Campus: _____ Program: _____

Student ID #:_____ Student Name _____ Grade: _____

Parent Name: _____ Home Address:_____ Phone:_____

Daycare Facility/
Other Caregiver: _____ Relationship: _____

Address: _____ Phone:_____

I _____ am requesting that my child **be picked up / dropped off** at the **nearest designated stop** for the corresponding address listed above for the remainder of the school year. I understand that the responsibility for this decision will be entirely mine.
Please ensure your child is at the stop at least 10 minutes before the designated time.

_____ _____ _____

Administrator Signature **Parent's Signature** **Date**

This section to be completed by the Transportation Department

☐ **Address within the school zone**

☐ **Daycare owners are not related to the child. Name(s) _____**

Daycare is registered: Date:_____ Facility #:_____

The last two items of information were provided by (name and title) _____

Transportation services to this address were approved / disapproved. Services will begin on _____

The stop for this address is _____ Bus # _____ , at _____ (am / pm).

Approved By: _____ Date:_____