

Child Care Provider Information for Transfer Request (Please attach to Transfer Application)

*******This form is valid for students grades K – 5 only.*******

Student Name: _____

Student Grade: _____ School Requested: _____

Child Care Provider Name(s): _____

Child Care Provider Address: _____

Child Care Provider Phone #: _____

Child Care Provider Alternate Phone #: _____

Child Care Provider's E-Mail: _____

Please indicate how the child care provider will assist in transportation:

____ Provider will transport my child to/from school.

____ Provider will meet my child at the bus stop located at _____

____ Other (please specify): _____

Signature of Parent/Guardian

(Cell)_____ (Home)_____

(Work)_____

E-Mail: _____