

Triad Community Unit School District #2
Provider/Sitter Transportation Form

This form must be completed annually when registering students for school. Child care providers/sitters must be located in the school district.

Parent(s) Name: _____ Student Name: _____

Home Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____

School: _____ Grade: _____

Child Care/Sitter Information

Name: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Alternate Phone: _____

Transportation Required: A.M. P.M. *Circle one or both*

Special Information: _____

Parent Signature: _____ Date: _____

DISTRICT TRANSPORTATION WILL ONLY PROVIDE TRANSPORTATION AFTER SCHOOL TO THE SAME DESIGNATED LOCATION 5 DAYS A WEEK

OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE

Date Approved: _____ School Year: _____

Date Denied: _____

Reason for Denial: _____

Bus Information

To School:

Bus Number: _____

Stop Time (A.M.): _____

Stop Location: _____

Authorized Signature _____

Transportation Manager

From School:

Bus Number: _____

Stop Time (P.M.): _____

Stop Location: _____