



## Rome City School District

### Day care Transportation Request Form

School year \_\_\_\_\_ Requests must be submitted each school year.  
Transportation will revert back to the student's home address at the end of the school year.

Students name \_\_\_\_\_

Home address \_\_\_\_\_

Home school \_\_\_\_\_

Grade \_\_\_\_\_ Home phone \_\_\_\_\_

Daycare provider \_\_\_\_\_

Contact person \_\_\_\_\_

Daycare provider address \_\_\_\_\_

Phone number \_\_\_\_\_

Student Transported To School From:

Child Care Provider / Day Care Facility / Home

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Student Transported From School to:

Child Care Provider / Day Care Facility / Home

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Signature of Parent or Guardian \_\_\_\_\_ date \_\_\_\_\_

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Transportation Department Use Only

Effective Date: \_\_\_\_\_

\_\_\_\_\_ Approved

\_\_\_\_\_ Denied

Transportation Supervisor \_\_\_\_\_