

# MIDDLETON-CROSS PLAINS AREA SCHOOL DISTRICT

Para cualquier pregunta o si necesita ayuda en español, por favor contacte a Karen Rice al 829-9977.

## Request for 4-Year-Old Kindergarten Transportation for the **201 - 201** School Year

Parent/Guardians' Name \_\_\_\_\_ Date \_\_\_\_\_

Child's First Name \_\_\_\_\_ Child's Last Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Alternate Phone \_\_\_\_\_

**REMINDER: TRANSPORTATION IS PROVIDED FOR THE MORNING SESSION OF 4K ONLY, DO NOT COMPLETE THIS FORM IF YOUR CHILD IS ATTENDING THE AFTERNOON SESSION OF 4K.**

### TRANSPORTATION TO SCHOOL

Check the following days of the week to provide transportation (TO) school from this address:

**Not Needed or M T W R F**

SAME AS ABOVE or  CHILD CARE PROVIDER:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone : \_\_\_\_\_

Signature of Child Care Provider \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

### TRANSPORTATION FROM SCHOOL

Check the following days of the week to provide transportation (FROM) school to this address:

**Not Needed or M T W R F**

SAME AS ABOVE or  CHILD CARE PROVIDER:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone : \_\_\_\_\_

Signature of Child Care Provider \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

#### Requests will be honored and processed contingent upon the following conditions:

1. Request must be from only one address to school and to only one address from school.
2. Only a limited number of changes of provider will be accepted during the year. Each change will require a new set of forms.
3. Students must reside within their specific school attendance area and be in the MCPASD attendance area in order for Child care transportation to be provided. If you do not reside in the district and/or are outside of your attendance area this arrangement would be considered via a Student Contract from our office. Please contact the Transportation Office for details. (608) 829-2365
4. Parent must contact Transportation Center if transport is scheduled and ride is not needed on a particular day.
5. **Parent/child care provider must meet the bus at the scheduled stop when returning student from school.**
6. Failure to be ready for the bus at the stop in a timely fashion more than three (3) times in a semester will result in suspension of transportation privilege.

**\*\*TO BE COMPLETED BY DISTRICT 4K AND TRANSPORTATION STAFF\*\***

**4K Site Assignment:**

**4K Staff Signature:**

Please Note: The bottom portion of this form will be mailed to families prior the start of the 4K school year to confirm transportation.

#### Dear Parent/Guardians:

\_\_\_\_\_ Your request is hereby granted subject to the conditions and qualifications listed above. \_\_\_\_\_ Your request has not been approved.

Stop Location & time: To School \_\_\_\_\_ From School \_\_\_\_\_

Bus Number: \_\_\_\_\_

Bus Number: \_\_\_\_\_

Transportation Center:

Date: