

# Request for Long-Term Child Care Bus Transportation

Rochester School Department – 150 Wakefield Street ~ Suite 8 – Rochester, NH 03867  
Phone 603.332.3678 ~ Fax 603.335.7367 ~ www.rochesterschools.com

Today's Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Regular Bus Number: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent / Guardian: \_\_\_\_\_  
(Please Print) (Please Sign)

Parent / Guardian Home Address: \_\_\_\_\_

Parent / Guardian Home Phone: \_\_\_\_\_ Work / Cell Phone: \_\_\_\_\_

Name of Babysitter: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address of Babysitter: \_\_\_\_\_

Phone Number of Babysitter: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Bus Number for Transporting to Child Care: \_\_\_\_\_

Duration / Dates of Request: from \_\_\_\_\_ to \_\_\_\_\_

**Frequency of Request:**

Every day \_\_\_\_\_ Mondays \_\_\_\_\_ Tuesdays \_\_\_\_\_ Wednesdays \_\_\_\_\_

Thursdays \_\_\_\_\_ Fridays \_\_\_\_\_ A.M. \_\_\_\_\_ P.M. \_\_\_\_\_

Please understand that Child Care arrangements are in effect for this school year ONLY. A new request form will need to be completed for each school year. Thank you.

**OFFICE USE ONLY:**

Permission Granted \_\_\_\_\_ Permission Denied \_\_\_\_\_

Bus Manager Notified \_\_\_\_\_ School Notified \_\_\_\_\_