# MIDDLETON-CROSS PLAINS AREA SCHOOL DISTRICT

**Request for Regular Transportation to/from Child Care Provider for the 201__-201_ School Year**

**FORMS DUE TO THE TRANSPORTATION CENTER BY JULY 15 PRIOR TO NEW SCHOOL YEAR**

Parent/Guardians' Name _____ Date _____

Address _____ Phone _____

City/State/Zip _____

| **Child/Children First & Last Name:** | **School of Attendance:** | **Grade:** |
|---|---|---|
| | | |
| | | |

## A.M. REGULAR ROUTE BUS FROM CHILD CARE PROVIDER TO SCHOOL

**CHILD CARE PROVIDER (Start Date _____)**

Name: _____

Address: _____

City/State/Zip: _____

Telephone : _____

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

**M T W R F**

_____
Signature of Child Care Provider Date

_____
Signature of Parent/Guardian Date

## P.M. REGULAR ROUTE BUS FROM SCHOOL TO CHILD CARE PROVIDER

**CHILD CARE PROVIDER (Start Date Sept '16)**

Name: Middleton Youth Center

Address: 2429 Clark Street

City/State/Zip: Middleton, WI 53562

Telephone : (608) 225-2451

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

**M T W R F**

Galuile Yunahara 8/16
Signature of Child Care Provider Date

_____
Signature of Parent/Guardian Date

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

1. Child care provider's residence must be more than 1.1 miles from the school of attendance except in locations previously identified as hazardous areas qualifying for bussing.
2. Existing current bus route must go past child care provider's residence or designated bus stop. The bus will not add mileage to its route. Routes will not be altered to accommodate a child care provider.
3. Requests received prior to JULY 15TH will be guaranteed a ride provide the following conditions in numbers 1 and 2 above are fulfilled. Requests received after JULY 15TH will be conditioned by whether there is room on the bus initially and whether there continues to be room. This privilege may be denied if additional children move into the 1.1 mile plus limit or if there should be a shift in pre-scheduled rider patterns during the year. In the event of displacement, last student(s) accepted for ridership would be the first displaced.
4. Only a limited number of changes of provider will be accepted during the year. Each change will require a new set of forms.
5. 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
6. **Requests for transportation to and/or from a child care provider MUST BE RENEWED EACH SCHOOL YEAR.**

**PLEASE RETURN COMPLETED FORM TO:**
**TRANSPORTATION CENTER, 3180 DEMING WAY, MIDDLETON, WI 53562**
**OFFICE PHONE: 829-2365 FAX NUMBER: 831-2534**

Allow one week after submitting this form for a response. Transportation cannot begin until this form is approved and on file.

***Dear Parent/Guardians:***

____ *Your request is hereby granted subject to the conditions and qualifications listed above.*

____ *Your request is denied due to the fact that the bus is periodically at capacity.*

*Stop Location & time: AM*_____ *PM*_____

_____ _____
Transportation Center Date