



Day Care Bus Change Guidelines

Dear Parents/Guardians:

To ensure the safety and comfort of all students requiring a change to an assigned bus route, we ask that you observe the following guidelines:

- Any day care bus/child care provider changes required **during** the school year can be initiated by filling out a Day Care Bus Change Order Form PS-005B (on the back of this page). Upon receipt of the completed form at your school office there will be a waiting period of two (2) school days. Please arrange for back-up day care while the form is being processed.
- Bus changes for social occasions are never permitted.
- Bus changes are arranged only through the school office.
- Additional copies of the form may be picked up at either Joel or Pierson School.
- **If you are making Day care arrangements for the next school year, please fill out the Day Care Bus Form PS-005A. That form must be filled out prior to the beginning of each school year.**

Please fill out the reverse side and return it to the school office. Please call us at the following numbers if you have any additional questions or concerns:

Joel: (860) 664-6501

Pierson: (860) 664-6502



Day Care Bus Change Form

Year: _____

This form must be completed to request any changes to your student's daily day care bus route.

| | | |
|---------------|--|---|
| Student Name: | | Choose One: <input type="checkbox"/> Permanent change OR <input type="checkbox"/> For the period of _____ through _____ |
| Grade | | |
| Teacher | | |

Parent/Guardian (1) Information

Parent/Guardian (2) Information

| | | | |
|---------------|--|---------------------------|--|
| Name | | Name | |
| Address | | Address (if different) | |
| Home Phone | | Home Phone | |
| Cell Phone | | Cell Phone | |
| Work Phone | | Work Phone | |
| Home Bus # IN | | Home Bus # Out | |

Day Care Provider Information

| | | | |
|--|---------------------------------|----------------------------------|--|
| Provider Name | | | |
| Day Care Address: | | | |
| | | | |
| Phone: | | Cell Phone: | |
| Please check all days that apply: | | | |
| Bus IN | Monday <input type="checkbox"/> | Tuesday <input type="checkbox"/> | Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> |
| Bus OUT | Monday <input type="checkbox"/> | Tuesday <input type="checkbox"/> | Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> |
| Day Care Bus # IN | | Day Care Bus # Out | |

I have read the day care guidelines on the reverse side of this form and agree to follow the school policies regarding bus changes.

Signature of Parent/Guardian

Date

| |
|-------------------------------|
| For office use only |
| Received in school office on: |