



# TARGETED SERVICES AFTER SCHOOL TRANSPORTATION REQUEST

The following information is needed to schedule your student for after school targeted services transportation.

**SCHOOL** \_\_\_\_\_

Student's Name \_\_\_\_\_

Parent's Name \_\_\_\_\_

Home  
Address \_\_\_\_\_ Phone # \_\_\_\_\_

\_\_\_\_\_

Work Phone # \_\_\_\_\_

Emergency # \_\_\_\_\_

**Days Student Is Attending (Please Circle)    M    T    W    R    F**

Student is to be dropped off at     Home                       Child Care Site

If student is to be dropped off at a location other than home, please complete the information below.

**Child Care Information:**

Name of Child Care Provider \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

If transportation is **NOT** needed, please check here \_\_\_\_\_ .

Parent Signature: \_\_\_\_\_

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