



# Child Care Transportation Request

RETURN COMPLETED FORM TO  
First Student, Transportation Department  
1601 Black Hawk Street, Waterloo, IA 50702 ♦ 319.291.4879  
[transportation@waterlooschools.org](mailto:transportation@waterlooschools.org)



Transportation of an Elementary or Middle School (non-high school) student(s) to and from school for a student(s) who attends daycare may be provided when all of the following conditions are met:

1. The student is an Elementary or Middle School student.
2. The student attends a child care facility; that is a **licensed child care center, a preschool, or a registered child development home.**
3. The **residence of the student** is more than two (2) miles (middle school) or more than one (1) mile (elementary school) from the student's boundary school.
4. The child care facility is in an area that transportation can be serviced within the school's attendance boundaries **and** is also two (2) miles (middle school) or more than one (1) mile (elementary school) from the student's attendance center. **The child care center location must be within the student's boundary school.**
5. Written authorization will be received by the parents/guardians. A copy will be kept at both the student's school of attendance and First Student.

The request shall be submitted for a period of time of at least one semester and may not be submitted more than twice during a school year.

By signing this application, you are acknowledging that you have read and understand the terms listed above.

\_\_\_\_\_  
Parent(s) Signature

Today's Date: \_\_\_\_\_ REQUESTED START DATE: \_\_\_\_\_

\_\_\_\_\_  
Parent(s) Name – Please Print Home Address Phone #

\_\_\_\_\_  
City Zip Code Phone # - Other

\_\_\_\_\_  
Student's Name School of Attendance Grade

\_\_\_\_\_  
Student's Name School of Attendance Grade

\_\_\_\_\_  
Student's Name School of Attendance Grade

A.M. Transportation  
(From Child Care Facility) \_\_\_\_\_  
Facility Name Street Address Phone

P.M. Transportation  
(To Child Care Facility) \_\_\_\_\_  
Facility Name Street Address Phone

My student has an IEP that includes transportation  Yes  No (Please indicate which student(s) with an asterisk\* above)

### Transportation Department Use ONLY

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

Request Denied (Reason) \_\_\_\_\_ Staff Initials \_\_\_\_\_

Request Approved  A.M. Route # \_\_\_\_\_ A.M. Stop \_\_\_\_\_ A.M. Time \_\_\_\_\_

Request Approved  P.M. Route # \_\_\_\_\_ P.M. Stop \_\_\_\_\_ P.M. Time \_\_\_\_\_

Date to Begin Transportation \_\_\_\_\_ Date to Stop Transportation \_\_\_\_\_

Date Parent Notified \_\_\_\_\_