



# Child Care Transportation Request



**Kadredrelok Pepa In Im Karoltok Non**  
*First Student, Transportation Department*  
 1601 Black Hawk Street, Waterloo, IA 50702 + 319.291.4879 + 319.226.9807  
[transportation@waterlooschools.org](mailto:transportation@waterlooschools.org)

Emaron lon jiban ikijien ial non ajiri ro rej bed ilo daycare jen klaaj ko ilo Elementary ak Middle School (ro rejjab high jikuul) jen kab non jikuul im elane ren meet e lajdraak kien:

1. Ajiri eo ej juon bed ilo Elementary ak Middle School
2. Ajiri eo ej bed ilo juon child care facility; im rej rejijter in **licensed child care center, juon preschool, ak juon ium ej rejijter non child development**
3. **Mweo imon ajiri eo** ej ruo (2) mile (middle jikuul) ak laplok etolok in ak juon (1) mile (elementary jikuul) ak laplok etolok in jen mwen jikuul eo ajiri eo ej jikuul ie
4. Child care facility eo an ajiri eo ebed ilo jikin kien bus kien emaron tobar ilowan wot boundary kein an mwen jikuul eo an ajiri eo **kab** ej ruo (2) mile (middle jikuul) ak juon (1) mile ak laplok (elemenatary jikuul) jen mwen jikuul eo ajiri eo ej jikuul ie. **Location eo an child care center eo an ajiri eo ej aikwuj in bed ilowan wot boundary eo an mwen jikuul eo**
5. Pepa in komol eo ej itok jen parent/ri'bok eddro ro. Juon copy enej bed ilo jikin kien ruo juon ilo mwen jikuul eo an ajiri eo kab juon ilo First Student.

Request in ej aikwuj in submit umin juon semester im ejjab maron submitted elon lok jen ruo kotan ilo juon yio in jikuul.

Ilo am sign pepa in, kwoj kalikaar k emoj am read kab komelele melele kien ilon.

\_\_\_\_\_  
 Sign Eo An Parent Ro

Jete Raan Rainin: \_\_\_\_\_ **RAAN IN JIINO MELIM:** \_\_\_\_\_

\_\_\_\_\_  
 Etan Parent Ro – Jouj Je Ilo Melak      Address in Mwemom      Numba in Telephone

\_\_\_\_\_  
 City      Zip Code      Numba in Telephone - Ne Ebar Wor

\_\_\_\_\_  
 Etan Ajiri Eo      Etan Mwen Jikuul Eo Ej Jikuul Ie      Klaaj Jete

\_\_\_\_\_  
 Etan Ajiri Eo      Etan Mwen Jikuul Eo Ej Jikuul Ie      Klaaj Jete

\_\_\_\_\_  
 Etan Ajiri Eo      Etan Mwen Jikuul Eo Ej Jikuul Ie      Klaaj Jete

Jibbon Transportation  
*(Jen Child Care Facility)*      \_\_\_\_\_  
 Etan Facility En      Address In Mwen      Numba In Telephone

Jota Transportation  
*(Non Child Care Facility)*      \_\_\_\_\_  
 Etan Facility En      Address In Mwen      Numba In Telephone

Ajiri eo neju ej IEP im ej koba ialin jiban  Aet     Jab (Jouj im kalikar won ian ajiri rein rej ken sign in \*\* turin etan)

**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 \_\_\_\_\_