## TRANSPORTATION CHILDCARE /ALTERNATE ADDRESS REQUEST



## THIS FORM IS ONLY NEEDED IF YOUR STUDENT IS GOING TO USE A CHILD CARE OR ALTERNATE ADDRESS

Your student's transportation has been established using the Home or Alternate/Daycare address we currently have on our records. If your stop location does not reflect where your student needs transportation to or from school, please fill out this form and return this information to the Transportation Department by using one of the methods listed at the bottom of the page. Notification by phone or mail will be made once the request has been processed.

To request service from a childcare/alternate a	iddress the follo	wing information is	required:	
Student Name (Last Name, First Name):			ID#:	
Assigned School:		Requested for School Year:		
Parent/Guardian Name:			Date:	
Parent/Guardian Daytime Phone:		Parent/Guardian H	ome Phone:	
Morning/Inbound Address Information:	□Home	□Childcare	☐ Alternate Address	
Address:				
Contact Name:				
Phone Number:				
Afternoon/Outbound Address Information:	□Home	□Childcare	☐ Alternate Address	
Address:				
Contact Name:				
Phone Number:				
PO Box 3416	ic Schools MS 23	3-169		

E-mail the information to <u>Transdept@seattleschools.org</u>
Fax it to (206) 252-0931
Or call the Transportation office (206) 252-0900.