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 address the following 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:				
Completed forms may be mail to: Transportation Seattle Public Schools MS 23-169 PO Box 34165 Seattle, WA 98124-1165		-169		
E-mail the information to <u>Transdept@seattleschor</u> Fax it to (206) 252-0931 Or call the Transportation office (206) 252-0900.	ols.org			