



USE BLUE OR BLACK INK ONLY

**ELIGIBILITY REQUIREMENTS FOR DAY-CARE/CHILD CARE CENTER TRANSPORTATION:**

1. The student's legal residence must be **more than one and one-half miles from the school.**
2. The student must qualify for bus transportation.
3. The **day-care/child care center must be a licensed center** with the County of Chatham or the city it resides in.
4. The day-care/child care center must be located along an **established school bus route** and **not within one and one-half miles** of the student's assigned school.
5. The student must be picked up and dropped off at the day-care/child care center each school day. May not use two different bus stop locations.
6. The bus stop may or may not be at the center, but will meet BOE Policy & Guidelines and State recommendations. If the stop is at the day-care/child care center, it must have an adequate drive-through area for the school bus, which will facilitate safety in loading and unloading of students. **No backing of buses will be allowed.**
7. Day-care/child care center staff must meet the school bus in the morning and afternoon to facilitate safe loading and unloading of students.
8. Day-care/child care center requests must be **renewed each school year.**

If any of these requirements are not met, the Transportation Department will be unable to accommodate your request. **Schools will be notified of the status to be able to inform the parent/guardian of the approval or denial of the request.**

**PLEASE NOTE:** The student's residence address must be correct at the school.

**Five (5) Working days are REQUIRED for ALL route changes; it may take longer at the beginning of the school year due to volume of requests.**

**REQUESTS RECEIVED PRIOR TO THE LAST DAY OF SCHOOL WILL BE READY FOR THE START OF THE SCHOOL YEAR. ANY REQUESTS RECEIVED AFTER THIS DEADLINE WILL NOT BE PROCESSED UNTIL AFTER THE FIRST FIVE DAYS OF SCHOOL.**

School: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Day-Care/Child Care Center: \_\_\_\_\_ Phone of Center: (\_\_\_\_) \_\_\_\_\_

Address of Center: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_

AM ONLY \_\_\_\_\_ PM ONLY \_\_\_\_\_ BOTH \_\_\_\_\_

School Official Signature: \_\_\_\_\_

**ROUTING OFFICE USE ONLY:**

( ) UNABLE TO ACCOMMODATE      ROUTE NUMBER \_\_\_\_\_ / \_\_\_\_\_      Does Not Comply w/ Req.  
 #: \_\_\_\_\_      TIME: \_\_\_\_\_      ( ) ABLE TO ACCOMMODATE  
 ( ) ADDED STOP      STOP: \_\_\_\_\_  
 ( ) EXISTING STOP

School Notified: \_\_\_\_\_

**SCHOOL STAFF:** Please scan and email this request to the TRANSPORTATION ROUTERS GROUP.