

Edwardsville Community Unit School District 7
Child Care Provider/Sitter Transportation Form

This form must be completed annually when registering students for school. Child care providers/sitters must be located in the student's school attendance area.

Parent(s) Name: _____ Student Name: _____

Home Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____

School: _____ Grade: _____

Child Care/Sitter Information

Name: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Alternate Phone: _____

Transportation Required: A.M. P.M. Circle one or both, if applicable.

Special Information: _____

Parent Signature: _____ Date: _____

Availability will be evaluated after the sixth day of school (Sixth Day Enrollment). You will receive notification by mail. Please return this form with a self-addressed, stamped envelope to the student's attendance center or the Board of Education Office located at 708 St. Louis Street, Edwardsville.

OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE

Date Approved: _____ School Year: _____

Date Denied: _____

Reason for Denial: _____

Bus Information:

To School:

From School:

Bus Number: _____ Bus Number: _____

Stop Time (A.M.): _____ Stop Time (P.M.): _____

Stop Location: _____ Stop Location: _____

Authorized Signature: _____

Assistant Superintendent of Business Operations