

GOSHEN LOCAL SCHOOLS

REQUEST FOR TRANSPORTATION FROM/TO A BABYSITTER  
*Complete and Return To Marr/Cook or Spaulding Elementary*

Name of Student \_\_\_\_\_ Grade \_\_\_\_\_

Teacher \_\_\_\_\_

Name of Father \_\_\_\_\_ Work Phone# \_\_\_\_\_

Name of Mother \_\_\_\_\_ Work Phone # \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_

**A.M. Transportation To School:** (Must be Existing Route)

I am requesting that the above named child be picked up at the school bus stop closest to:

Sitters's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Sitter's Address \_\_\_\_\_

Bus # \_\_\_\_\_ Every Day \_\_\_\_\_ Other (specify) \_\_\_\_\_

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**P.M. Transportation From School:** (Must be Existing Route)

I am requesting that the above named child be dropped off at the school bus stop closest to:

Sitters's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Sitter's Address \_\_\_\_\_

Bus # \_\_\_\_\_ Every Day \_\_\_\_\_ Other (specify) \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature