MANKATO AREA PUBLIC SCHOOLS
DAY CARE TRANSPORTATION FORM

Transportation services to and from a licensed day care facility or to the home of a relative will be allowed under the following stipulations:

1. The licensed day care facility or the relative's home must be located within the attendance area for the school the pupil attends.

2. The same 1½ mile distance away from school requirement for eligibility for transportation services will apply to the day care facility or relative's home for elementary students.

3. Only one home per pupil can be designated for transportation purposes, For example, specifying a licensed day care facility on Monday, Wednesday, and Friday's as the pupil's home for transportation purposes and on Tuesday and Thursday specifying the pupil's actual home address for transportation purposes will **NOT** be acceptable, also it will **NOT** be acceptable to specify the pupil's home address for AM transportation and a day care facility for PM transportation.

4. No transfers between companies will be allowed, **ONLY** students in grades **K-6** are eligible.

5. All requests must be made through the Mankato Area Public Schools Transportation Office on a yearly basis using this form. A Transportation Registration form **MUST** also be completed for a pass to be issued.

It is expected that the commitment for transportation to and from a day care provider will be for the school term. If there are any changes you **must** immediately notify the Transportation Office (**Tricia Baumgard 387-5949 or Patti Lewis 387-3224**). If you are requesting transportation to and from a day care facility or to the home of a relative for your child and you meet the qualifications listed above, please complete the form below and return it to: Mankato Area Public Schools, Transportation Office, PO Box 8741, Mankato, MN 56002-8741 or fax it to 387-4033.

Student Information:

_____ _____
Student Name Parent/Guardian Name

_____ _____
Home Address Home & Work Telephone Numbers

_____ _____
School Attending Grade (K-6 ONLY)

Day Care Information:

_____ _____
Address of Day Care Provider Name of Day Care Provider

_____ _____
Day Care Telephone Number Beginning Date for Transportation

_____ _____
Ending Date for Transportation Transportation Contractor

I do hereby agree to the above conditions and agree that Mankato Area Public Schools will not be responsible for any damage or problems that may result from its granting this request.

Signed: _____ Approved by:_____
Parent/Guardian Transportation Office

Revised April 2009