

**Child Care Provider Information for Transfer Request (Please attach to Transfer Application)**

**\*\*\*\*\*This form is valid for students grades K – 5 only.\*\*\*\*\***

Student Name: \_\_\_\_\_

Student Grade: \_\_\_\_\_ School Requested: \_\_\_\_\_

Child Care Provider Name(s): \_\_\_\_\_

Child Care Provider Address: \_\_\_\_\_  
\_\_\_\_\_

Child Care Provider Phone #: \_\_\_\_\_

Child Care Provider Alternate Phone #: \_\_\_\_\_

Child Care Provider's E-Mail: \_\_\_\_\_

Please indicate how the child care provider will assist in transportation:

\_\_\_\_ Provider will transport my child to/from school.

\_\_\_\_ Provider will meet my child at the bus stop located at \_\_\_\_\_

\_\_\_\_ Other (please specify): \_\_\_\_\_

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

(Cell)\_\_\_\_\_ (Home)\_\_\_\_\_

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

E-Mail: \_\_\_\_\_