

**REQUEST FOR
BEFORE/AFTER SCHOOL CARE TRANSPORTATION
OR TEMPORARY RESIDENCE CHANGE**

Before/After School Care Shared Custody Temporary Residence Change

Date: _____ School: _____

Parent/Legal Guardian Name: _____

Address: _____
Registered Home Address on File with the School

Phone: _____ home _____ work

Please complete a separate form for each school your child(ren) attends:

Student Name: _____ Grade: _____ Age: _____

Temporary Residence or Caretaker's Name: _____

Address: _____
Physical Address Required

Phone: _____ Is the caretaker licensed? Yes: _____ No: _____ (Before/After School Care only)

Reason for temporary residence change (Temporary Residence Change Only): _____

Effective Dates: From: _____ To: _____

I give Spokane Public Schools and their pupil transportation contractor permission to bus the above student(s) to and/or from the above caretaker's residence/facility/temporary residence for the above stated time period.

NOTE: This request will be granted if the following criteria are met:
1. If the temporary address is within the bussing area.
2. If there are no behavior problems with the student.
3. If the bus does not become overloaded. If the bus becomes overloaded, you will be notified and will then be responsible to arrange transportation for the requested alternate address.

Signed: _____ Date: _____
Parent/Legal Guardian Signature

TO BE COMPLETED BY SCHOOL DISTRICT

Eligible Busser From Home: Yes ___ No ___ Route # _____ Stop Loc _____
Eligible Alternate Address: Yes ___ No ___ Route # _____ Stop Loc _____

Transportation Approval: Yes ___ No ___ Reason for denial: _____

By: _____ Date _____
Transportation Supervisor/Liaison

After completing form, please send to:
**Transportation Supervisor/Liaison
Spokane Public Schools
200 N. Bernard Street
Spokane, WA 99201**