

VERIFICATION OF CHILDCARE
SAN LUIS COASTAL UNIFIED SCHOOL DISTRICT

INSTRUCTIONS: This form must be completed for each bus stop change that is based on the need for childcare.

A: To be completed by parent/guardian

Student's name _____ School _____ Grade _____

Home Address _____

City _____ Zip _____ Phone _____

Transportation needed at home address: To School From School

Transportation needed at childcare provider's address: To School From School

Signature of parent/guardian

Date

B: To be completed by childcare provider

Child for whom care will be provided _____

Name of child care provider: _____ Phone _____

Address _____

City _____ Zip _____

Date care will begin: _____

Days of week at provider's _____ Hours _____

I agree to notify the Transportation Department (596-4111) when these arrangements are terminated.

Signature of childcare provider

Date