



CHILDCARE APPLICATION FOR TRANSPORTATION

*****ONE STUDENT PER FORM*****
INDEPENDENT SCHOOL DISTRICT OF BOISE CITY # 1
8169 W. Victory Road Boise, ID 83709
FAX 854-4011

For School Year 20__ – 201__
(Please print clearly in ink)

Student Name _____

Home Address _____, ID _____
(street number & name) (apt. #) (city) (zip)

Parent/Guardian Name _____ **Phone** _____
(home) (work)

Parent/Guardian Address _____, ID _____
(street number & name) (apt. #) (city) (zip)

School _____ **Grade** _____

Overflow from (if applicable):

Kindergarten Applicants:

- AM Kindergarten
- PM Kindergarten

Other Applicants:

- ELL Program
- FULL DAY KG

Childcare Name & Address _____
(Name of Childcare Facility) (Address) (Zip Code)

Childcare Phone _____ **Contact Name** _____

ONLY ONE PICK-UP LOCATION AND ONE DROP-OFF LOCATION

Student is to be *picked up* at the bus stop closest to home childcare facility
Student is to be *dropped off* at the bus stop closest to home childcare facility

The information on this form will be shared with the school district's contractor and personnel for transportation purposes only.

Parent/Guardian Signature

Today's Date

~~~ FOR TRANSPORTATION OFFICE USE ONLY ~~~

- Approved – Home
- Approved - Childcare
- Not Approved – Home
- Not Approved - Childcare