

**YCS TRANSPORTATION DEPARTMENT  
REQUESTS FOR DAYCARE BUSING**

Date: \_\_\_\_\_ School: \_\_\_\_\_

Please fill out this form completely. Complete one form for each school.

Students may not change bus stops without notification of approval from the Transportation Department.

Transportation will not be included for students who are granted a Parent Requested Assignment.

**I hereby request permission and accept responsibility for my child(ren) listed below to be granted the following Transportation change.**

PARENT NAME: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

PHONE NUMBER:    **H)** \_\_\_\_\_ **C)** \_\_\_\_\_

DAYCARE PROVIDERS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

**MUST BE 5 DAYS**

AM or PM

Circle one or both

Start Date: \_\_\_\_\_

**PARENT SIGNATURE:** \_\_\_\_\_

The daycare address must be within the same school attendance boundary as your home address.

If your child should need to change back to the home stop, you must contact the Transportation Department (3) days prior to riding from the different stop.

This form is to be filled out for each school year.

**Please mail this form to:  
145 Spencer Ln, Ypsilanti, MI 48198**

Office Use Only:

1st Address Bus #

2nd Address Bus #