

GATEWAY REGIONAL SCHOOL DISTRICT
12 Littleville Road
Huntington, MA 01050
(413) 685-1016 Telephone
(413) 667-8739 Fax

Dr. David Hopson
Superintendent

Stephanie Fisk
Business & Financial Officer

DAYCARE TRANSPORTATION FORM
2018-2019

Student Name: _____ Grade: _____

Home Address: _____ Parent Phone: _____

School Attending: Littleville Chester Middle School High School

My child _____ will have daycare at _____
Student Name Provider & Phone Number

located at _____ for the 2018-2019 school year.
Daycare Address

He/She will be **picked up** in the morning at: (circle one) home daycare

He/She will be **dropped off** in the afternoon at: (circle one) home daycare

*****Daycare arrangements to an alternate pick up or drop off location must be the same location Monday thru Friday in the morning and/or afternoon 5 days a week.**

Daycare forms should be returned to your school secretary no later than June 21st.

*****Daycare arrangements are allowed provided it does not overload the bus or have the bus deviate from its route. These arrangements will be approved by the Business and Finance Officer.**

Buses are not allowed to make **unscheduled stops** other than what is specified on their route sheet.

Parent/Guardian Signature: _____ Date: _____

Bus # _____ Bus Stop: _____