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
School Year 20___ -20___

Student Name:_____Grade:_____

Home Address:_____Parent Phone:_____

School Attending: Littleville Chester Middle School

My child_____will have daycare at_____
Student Name Provider & Phone #

located at _____ _____for the 20_____ – 20___school year.
Daycare Address

He/She will be picked up Monday-Friday (circle one) morning at: home daycare

He/She will be dropped off Monday-Friday (circle one) afternoon at: home daycare

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

***Daycare arrangements will be allowed provided there is sufficient space on the bus and it does not cause the bus to deviate from its current 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

Office Use Only

Bus # AM _____ Bus Stop:_____Pick up time:_____

Bus # PM _____ BusStop:_____Drop off time:_____