

QUAKERTOWN COMMUNITY SCHOOL DISTRICT

NOTIFICATION OF ADULT SUPERVISION

This form must be completed by anyone using a day care or babysitter.

This request is to have my son/daughter assigned to adult supervision.

Student(s) Name(s) _____

Grade/School _____ / _____

Parent/Guardian Name _____

Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

I understand that it may change my son/daughter's regular bus assignment. If this involves a bus change, I understand also that this request shall be granted and shall continue in effect **only while space is available on the bus.**

I also understand that this request must apply to every school day.

I also understand that a NEW form MUST be completed each school year.

Date of Request _____ Parent/Guardian Signature _____

Return Form to SCHOOL Office

I assume full responsibility for any problems that may result from this change. I will notify the school immediately if this arrangement changes in any way for my child.

Name of Adult Supervisor/Day Care _____

Address _____ Starting Date _____

Phone _____ Ending Date _____

Check One: _____ Before School Only
_____ After School Only
_____ Both Before and After School

REQUEST FOR CHANGE IN TRANSPORATATION

Travel From/To Home: Walker Bus Rider Bus Stop _____

Travel From/To Daycare: Walker Bus Rider Bus Stop _____

Approved _____ Denied _____ Date _____

Copies sent to:

Comments _____

_____ Bus Company

_____ Day Care

_____ School Office