

## Framingham Public Schools

**PLEASE COMPLETE ONLY IF YOU ARE REQUESTING CHILDCARE  
(Baby-Sitter or Daycare) TRANSPORTATION FOR 2011-2012 - K-5 GRADES ONLY**

Transportation to childcare is the responsibility of the parent, not the school district. Requests will be reviewed by the Transportation Department. **Please note that childcare transportation may not be available on the first day of school, please plan accordingly.**

**ELIGIBLE RIDER for CHILDCARE TRANSPORTATION:** Home address is *more than 2 miles* from the school attending and childcare location is *more than 2 miles* from the school attending.

**INELIGIBLE RIDER:** Home address is *less than 2 miles* from the school attending. This form may be submitted, however, **it will be reviewed after the placement of all eligible riders.** The childcare location must be *more than 2 miles* from the school attending. If transportation is available, the fee is \$270 per child. The \$540 family cap and the fee waiver do not apply to ineligible riders.

The child must go to and/or from this location **FIVE days a week.** For the safety of the child, there are **no** exceptions to the five day rule. You will be notified of the acceptance or denial of transportation.

If your childcare arrangements change during the school year and bus transportation is not available to the new location, you will be responsible for providing the transportation.

Child's name \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Home address \_\_\_\_\_ Home telephone: \_\_\_\_\_

Parent/Guardian's name \_\_\_\_\_

School attending \_\_\_\_\_ Grade in September of 2011 \_\_\_\_\_

If Kindergarten, check one: Half-day \_\_\_\_\_ Full-day \_\_\_\_\_

Parent/Guardian's signature \_\_\_\_\_ Date \_\_\_\_\_

**If your child is to be picked up in the morning at a location other than the home bus stop:**

Name of childcare provider \_\_\_\_\_ Phone # \_\_\_\_\_

Address of childcare provider \_\_\_\_\_

**If your child is to be dropped off at the end of the school day at a location other than the home bus stop:**

Name of childcare provider \_\_\_\_\_ Phone # \_\_\_\_\_

Address of childcare provider \_\_\_\_\_

**Please return this form to:**

Framingham Public Schools, Parent Information Center  
454 Water Street, Framingham, MA 01701

**DEADLINE - JUNE 10, 2011**