

**Transportation Date Received Stamp**

**Transportation Department**

*Attn: Transportation*

*E-mail: [Transportation@mohonasen.org](mailto:Transportation@mohonasen.org)*

**This application must be received by Aug 15, 2025 in order for the Day Care Arrangement to begin on the first day of school. Arrangements for applications received later than this date may not begin before September 20th.**

**PLEASE COMPLETE THE FOLLOWING.**

Street Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

| Student's Name | Grade | School Attending |
|----------------|-------|------------------|
|                |       |                  |
|                |       |                  |
|                |       |                  |
|                |       |                  |

Day Care Provider \_\_\_\_\_ (must be within the Rotterdam-Mohonasen School District)

| Days of the week: (Circle all that apply) | Mon   | Tue   | Wed   | Thu   | Fri   |
|---|-------|-------|-------|-------|-------|
|   | AM PM | AM PM | AM PM | AM PM | AM PM |

Start Date:  End Date:  (If Temporary)

**Please read statement below, then sign and date**

I am aware of and understand all information contained on this document. I also am aware that it is the responsibility of the day care provider to ensure safe travel of the students to and from the bus stop.

(Parent signature)

(Date)