

**Wayne-Westland Community Schools**  
**REQUEST FOR DAYCARE BUSSING**

SCHOOL YEAR \_\_\_\_\_

SCHOOL: \_\_\_\_\_

DATE: \_\_\_\_\_

*Fill this form out completely. Complete one form for each school.  
Students may not change bus stops without notification of approval from  
the Transportation Department. Transportation will not be considered for  
any School of Choice students.*

I hereby request permission and accept responsibility for my child(ren) listed below to be granted the following transportation change:

STUDENT NAME \_\_\_\_\_

STUDENT NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PARENT NAME \_\_\_\_\_

PHONE NUMBER H) \_\_\_\_\_ C) \_\_\_\_\_

DAYCARE PROVIDER  
NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

**MUST BE FIVE (5) DAYS A WEEK**

Circle one /or both                      **AM**              **PM**

PARENT SIGNATURE \_\_\_\_\_

The daycare address must be within the same school attendance boundary as your home address.  
If your child should need to change back to their home stop, you must notify the Transportation  
Department three (3) days prior to the change.

**FAX THIS COMPLETED FROM TO (734) 595-2599**  
**OR MAIL TO: 33633 Myrtle , Wayne, MI 48184**

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Office Use Only

START DATE \_\_\_\_\_

HOME ADDRESS ROUTE: \_\_\_\_\_ STOP: \_\_\_\_\_

DAYCARE ADDRESS ROUTE: \_\_\_\_\_ STOP: \_\_\_\_\_