

KINDERGARTEN
TRANSPORTATION FROM DAYCARE ADDRESS
CHARLOTTE PUBLIC SCHOOLS
DATA COLLECTION FORM - 2009-2010

PLEASE NOTE: This form must be turned in to the District Registrar or to the District Administrative offices no later than Friday, April 3, 2009. The form may also be faxed to (517) 541-5105.

CHILD'S NAME:	_____	2009-10 Grade Level	_____
CHILD'S NAME:	_____	2009-10 Grade Level	_____
CHILD'S NAME:	_____	2009-10 Grade Level	_____

PARENT/GUARDIAN NAME: _____

HOME ADDRESS: _____

DAYCARE PROVIDER NAME _____

DAYCARE PROVIDER ADDRESS: _____

IS DAYCARE PROVIDER LICENSED? YES _____ NO _____

* I would like to use my Daycare provider's address for transportation purposes. I understand that my child will attend the school in the Neighborhood School Zone of my Daycare provider and I am agreeing to this placement for the 2009-10 school year if this is approved. If any change occurs on my part that would require a change in school zone, my child's transportation address will revert back to my home address.

Parent/Guardian Signature

Date