

TRANSPORTATION FROM DAYCARE ADDRESS

CHARLOTTE PUBLIC SCHOOLS DATA COLLECTION FORM - 2009-2010

PLEASE NOTE: This form must be turned in to your elementary school office or to the District office no later than
Monday, March 9, 2009.

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