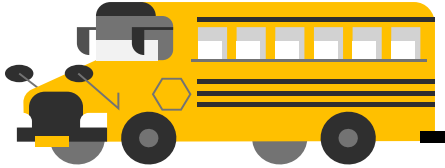


HIGHLAND CENTRAL SCHOOL DISTRICT

ALTERNATE CHILDCARE LOCATION FORM



Please return this form to the Transportation
Department by August 15, 2021

.....

STUDENTS NAME: _____

SCHOOL/GRADE/TEACHER: _____

HOME ADDRESS: _____

HOME PHONE: _____ CELL NUMBER _____

EMERGENCY CONTACT NAME & PHONE:

HCSD ALLOWS ALTERNATE TRANSPORTATION ADDRESS ON A FIVE-DAY PER WEEK
BASIS ONLY. PLEASE INDICATE YOUR CHILDCARE CHOICE BELOW:

A.M. (RTE to school) _____ P.M. (RTE to home) _____

BOTH AM&PM RT: _____

CHILDCARE PROVIDER NAME: _____

CHILDCARE ADDRESS: _____

CHILDCARE PHONE: _____

SIGNATURE OF PARENT/GUARDIAN: _____

DATE: _____