

Mason Consolidated Schools
2400 Mason Eagles Drive
Erie, MI 48133
Hodge@eriemason.k12.mi.us or Michaelvalentine@eriemason.k12.mi.us
734-848-9357 fax-734-848-5425

REQUEST FOR DAY CARE PROVIDER TRANSPORTATION

This request is only valid for the present school year. If there are any changes in this request, the transportation department is to be notified immediately at the above address or phone. *Transportation is only provided within the boundaries of Mason Consolidated Schools.*

Attending School: _____

This request is for trip: A.M. (PICK UP) P.M. (DROP OFF) Daily

½ Day Students (trip): A.M. Pickup/Drop off P.M. Pickup/Drop off

Circle days:

Monday Tuesday Wednesday Thursday Friday

Effective Dates: _____

Child's Name: _____ Bus# _____ Bus Stop: _____

Home Address: _____ Grade _____

Home Phone: _____ Work Phone: _____

Emergency Phone: _____ Name: _____

Parent or Guardian's Name: _____ Signature: _____

TRANSPORT CHILD (Circle one or both) : From / To

Care Provider: _____ Address: _____

Bus # _____ Bus Stop _____ Phone Number: _____

WHERE WILL THE CHILD BE TRANSPORTED ON HALF (1/2) DAYS?

Address: _____

All information on this form MUST be complete before approval can be granted. Approval will take three to five days.

Office Use Only	
Approved: _____	Denied: _____
Transportation Manager	Date
	Revised 08/10/2022