

Daycare Verification

Anne Arundel County Public Schools requires students to attend school in their geographic attendance area. Each year, exceptions are made (to accommodate daycare) to assist parents and students **who submit evidence of a documented hardship** (see *Out of Area FAQ #13* for details), so that a student can attend a school outside of his or her home school area. This completed form must accompany your *Request for an Out-of-Area Transfer*.

This request can not be considered until all of the information is completed and documentation is submitted.

Reques	ted School (the pub	lic school students in the daycare's neigh	borhood attend	d)					
Name of Student						Grade			
Name (Childcare Facility/Pri	vate Provider	Phone			Hours at Daycare □M □Tu □W □Th □F			
riamo c	Simulatio Facility Fil	vato i rovidor	Triono			Morning:	Afternoon:		
	()		0			0	710		
Address (street)			City			State	ZIP code	!	
-						ME)		
I verif	y that the above	e student is registered for daycar	e services a	s listed al	bove.				
			1				1		
			Busided Side to Consider (1)						
Provider's Name			Provider's Signature (required)				Date		
Verified	Hard'ship: O Yes	O No - Coordinator of Pupil Per	'sonnel						
	, i.e., c. c. i.e.					_			
Exce	ptional Trans	sportation Request				Starting Date	Ending D	ate	
(Comp	olete this section	only if daycare is outside of the s	school walkii	ng area)					
Requested by			Primary Phone			Work Phone			
Parent's	s Address (street)		City			State	ZIP code		
						MD			
	Diding the	hus is a privilege. This privilege p	nov bo tomn	orarily dan	ied or normanen				
	jed	bus is a privilege. This privilege no ppardizes the safe operation of the	school bus	or the safe	ety of the studen	ts riding the	bus.		
Reques	sts that · Par	ent(s) work and pupil goes to a childcar	re provider.						
will be	· Par	ent(s) work and pupil goes to/from a n	ursery or dayca						
consid		ents go on vacation and pupil is to stay portation arrangements are to be consi			and/or ofteneon l	Manday Absord	h Fride u aaab aab	and day	
		e time period requested. Requests for oc					• *	,	
	be de	enied. Approval is also contingent on the s	pace being ava	ailable on the	e affected bus.				
	•	ests for accommodations of differing sche wal of the Chief Operating Officer.	dules shall be	subject to the	e recommendation o	of the Superviso	r of Transportation	and the	
				1"	-				
Office Use Only	Conditional Approval	Director of Student Services (Signature)	Date	Bus # A.M.		A.M. Pick-up Time		
	Final Supervisor of Transportation (Signatu Approval		e) Date		Bus # P.M.	Bus # P.M.		P.M. Arrival Time	
	Name of Contractor		Fatal-Value		Established	I Pug Stop Only			
	Name of Contractor		Established		I Bus Stop Only				
Copies	s to: School File	Bus Driver Office of Transportati	on Parents						