

**REQUEST FOR  
BEFORE/AFTER SCHOOL CARE TRANSPORTATION  
OR TEMPORARY RESIDENCE CHANGE**

**Before/After School Care    Shared Custody    Temporary Residence Change**

Date: \_\_\_\_\_ School: \_\_\_\_\_

Parent/Legal Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Registered Home Address on File with the School

Phone: \_\_\_\_\_ home \_\_\_\_\_ work

**Please complete a separate form for each school your child(ren) attends:**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Temporary Residence or Caretaker's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Physical Address Required

Phone: \_\_\_\_\_ Is the caretaker licensed? Yes: \_\_\_\_\_ No: \_\_\_\_\_ (Before/After School Care only)

Reason for temporary residence change (Temporary Residence Change Only): \_\_\_\_\_

Effective Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

I give Spokane Public Schools and their pupil transportation contractor permission to bus the above student(s) to and/or from the above caretaker's residence/facility/temporary residence for the above stated time period.

**NOTE: This request will be granted if the following criteria are met:**

- 1. If the temporary address is within the bussing area.**
- 2. If there are no behavior problems with the student.**
- 3. If the bus does not become overloaded. If the bus becomes overloaded, you will be notified and will then be responsible to arrange transportation for the requested alternate address.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent/Legal Guardian Signature

***TO BE COMPLETED BY SCHOOL DISTRICT***

Eligible Busser From Home: Yes \_\_\_ No \_\_\_ Route # \_\_\_\_\_ Stop Loc \_\_\_\_\_

Eligible Alternate Address: Yes \_\_\_ No \_\_\_ Route # \_\_\_\_\_ Stop Loc \_\_\_\_\_

Transportation Approval: Yes \_\_\_ No \_\_\_ Reason for denial: \_\_\_\_\_

By: \_\_\_\_\_ Date \_\_\_\_\_  
Transportation Supervisor/Liaison

After completing form, please send to:  
**Transportation Supervisor/Liaison  
Spokane Public Schools  
200 N. Bernard Street  
Spokane, WA 99201**