

LITTLE MIAMI LOCAL SCHOOL DISTRICT

CHANGE OF CHILD-CARE FORM

Effective Date _____

School Student Attends _____

Student Name _____

Grade _____

Street Address _____

Parent/Guardian _____ Phone number () _____ or

() _____

PREVIOUS CHILD-CARE PROVIDER

Name _____

Address _____

NEW CHILD-CARE PROVIDER

Name _____

Address _____

Phone () _____

My child will be **picked up** at the alternate address on the following days:

Mon ____ Tues ____ Wed ____ Thurs ____ Fri ____

My child will be **dropped off** at the alternate address on the following days:

Mon ____ Tues ____ Wed ____ Thurs ____ Fri ____

Parent/Guardian Signature _____ Date _____

Please complete and return to the Transportation Department 513-899-4004.

OFFICE USE: New Bus Number _____