



OREGON SCHOOL DISTRICT

## 4K Ready for Learning Transportation Form

Transportation service is available to 4K students in morning sections who live more than 0.5 miles away from OSD elementary schools. This form must be completed by **August 1, 2018** for ALL students enrolled in morning sections of the 4K Program, even if you do not wish to request transportation. If your child must be transported to different locations on different days of the week, please attach a schedule to this form and/or contact Transportation Director, Marc Fink: [mjfink@OregonSD.org](mailto:mjfink@OregonSD.org) to make specific arrangements. You will be contacted in **late August** with your child's bus route assignment. Routes will also be posted at: [www.OregonSD.org/4Kbus](http://www.OregonSD.org/4Kbus) in mid-August 2018.

CHILD INFORMATION	
Child's Last Name:	Child's First Name:
Home Address:	City, Zip:
Mother's Name:	Daytime Phone:
Father's Name:	Daytime Phone:
TRANSPORTATION REQUIREMENT	
<input type="checkbox"/> My child <b>does not</b> require transportation ( <i>do not complete the rest of this form</i> ) <input type="checkbox"/> I would like to request transportation services for my child ( <i>continue</i> ) <ul style="list-style-type: none"> <li><input type="checkbox"/> My child will ride <b>TO</b> 4k from: _____ home address (above) _____ child care provider address (below)</li> <li><input type="checkbox"/> My child will ride <b>FROM</b> 4k to: _____ home address (above) _____ child care provider address (below)</li> </ul>	
4K / CHILD CARE INFORMATION	
Where will your child attend 4K Early Learning Program?  <input type="checkbox"/> Heart of Brooklyn <input type="checkbox"/> LaPetite Academy <input type="checkbox"/> Little Angels <input type="checkbox"/> Oregon Daycare, Inc (ODI) <input type="checkbox"/> Oregon Preschool, Inc (OPI) <input type="checkbox"/> Starlight Academy <input type="checkbox"/> YMCA	Does your child have a before/after school care provider outside your home?  <input type="checkbox"/> No before/after school care provider <input type="checkbox"/> My child has a before/afterschool care provider:  Provider's Name: _____  Address: _____  City: _____  Phone: _____

**Please return by August 1, 2018 to mail or deliver to Oregon School District Office (address below)**