



**2025-2026**  
**NON-PROFIT CHILD CARE TRANSPORTATION REQUEST**

This is to request SLPS bus transportation for my child to the location listed below. The agency is responsible for remitting the form to the Transportation Department. One student per form for each student. This form will be submitted to the Transportation Department by the agency your child plans to attend.

Student Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School Student Attends: \_\_\_\_\_

Student's registered address with SLPS: \_\_\_\_\_  
\_\_\_\_\_

Name of Child Care Center: \_\_\_\_\_

Address of Child Care Center: \_\_\_\_\_  
\_\_\_\_\_

Phone # to Child Care Center: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Center Rep Signature: \_\_\_\_\_

**For Child Cares that operate before and after school, this request is for transportation to the Child Care Center in the:**

☐ AM ONLY

☐ PM ONLY

☐ Both AM & PM

**Email form to: [clubapplications@StLuciePublicSchools.onmicrosoft.com](mailto:clubapplications@StLuciePublicSchools.onmicrosoft.com)**

\*\*\*\*\*FOR TRANSPORTATION USE ONLY\*\*\*\*\*

Care Center Bus #: \_\_\_\_\_ Effective Date: \_\_\_\_\_ Rider Record Completed: \_\_\_\_\_

Alternate Stop Bus #: \_\_\_\_\_ Alternate Bus Stop Location: \_\_\_\_\_

Completed by: \_\_\_\_\_