



**TRANSPORTATION REQUEST
NOTIFICATION TO SCHOOL**

Claymont Branch
3301 Green St.
Claymont, DE 19703
(302) 798-9243 office
(302) 798-6080 fax

Student Information:

Student Name: _____ Date _____

Parent/Guardian Name: _____

Home Address _____ Apt _____

Development _____ City _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

Emergency Contact _____ Telephone _____

School Information:

School _____ Grade _____

Classroom # _____ Teacher's Name _____

School Address: _____ City: _____ State _____ Zip: _____

My child is enrolled in the:

- Before After Before and After

Care program at Girls Incorporated of Delaware (Claymont Branch) located at 3301 Green Street and will be transported:

- To school From School To and From School

In the event I have to transport my child to and/or from school, I agree to give advance notification to both the school and Girls Incorporated.

*Notification from the child is not acceptable means of communication.

Parent Signature

Date