

**KARNS CITY AREA SCHOOL DISTRICT**  
**Child-Care and Alternative Monthly Schedule – Morning & Afternoon**

The Karns City Area School District recognizes constraints placed on working families, and for that reason will consider written requests for an individual child care stop alternative. The exception request should be accompanied by a one month or yearly advanced schedule and must be submitted and have prior approval of the Principal. Once the schedule is submitted and approved it should only be changed when there is a dire emergency.

Parents who attempt to change the monthly schedule as approved will be limited to one stop A.M. & one stop P.M. for the entire year. To make this system work you must be consistent.

Student Name(s): \_\_\_\_\_,

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**October 2020**

Monday	Tuesday	Wednesday	Thursday	Friday
			<b>1</b> Bus # _____ Stop Location: _____	<b>2</b> Bus # _____ Stop Location: _____
<b>5</b> Bus # _____ Stop Location: _____	<b>6</b> Bus # _____ Stop Location: _____	<b>7</b> Bus # _____ Stop Location: _____	<b>8</b> Bus # _____ Stop Location: _____	<b>9</b> Bus # _____ Stop Location: _____
<b>12</b> <b>Act 80 Day No Students</b>	<b>13</b> Bus # _____ Stop Location: _____	<b>14</b> Bus # _____ Stop Location: _____	<b>15</b> Bus # _____ Stop Location: _____	<b>16</b> Bus # _____ Stop Location: _____
<b>19</b> Bus # _____ Stop Location: _____	<b>20</b> Bus # _____ Stop Location: _____	<b>21</b> Bus # _____ Stop Location: _____	<b>22</b> Bus # _____ Stop Location: _____	<b>23</b> Bus # _____ Stop Location: _____
<b>26</b> Bus # _____ Stop Location: _____	<b>27</b> Bus # _____ Stop Location: _____	<b>28</b> Bus # _____ Stop Location: _____	<b>29</b> Bus # _____ Stop Location: _____	<b>30</b> Bus # _____ Stop Location: _____

Copies to:

Principal \_\_\_\_\_ Teacher \_\_\_\_\_ Bus# \_\_\_\_\_ Bus Co. \_\_\_\_\_