



Please note here if your child **DOES NOT** need bus transportation and return to the school.

My child do not need bus transport at this time.

## Van Request Form

Please use this form if you need to request school van transportation to and from school for your child. We will make every attempt to accommodate your request and thank you for your patience and cooperation!

Parent/Guardian Name: \_\_\_\_\_ Current phone number: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

### **PICK-UP information :**

Home address: \_\_\_\_\_

Current Bus Number: \_\_\_\_\_ PICK-UP spot: \_\_\_\_\_

### **DROP-OFF information:**

Street Address: \_\_\_\_\_

Is this a daycare facility?

Yes Name of facility: \_\_\_\_\_

Contact person at facility: \_\_\_\_\_

No Indicate name of person responsible for child at bus stop:

(Note: child will be returned to school if no one is present to receive a child who is under age 11)

\_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### **Main Office Use ONLY**

Date received: \_\_\_\_\_

Received by: \_\_\_\_\_

Ocean State Processed date: \_\_\_\_\_

Effect date: \_\_\_\_\_