



STUDENT TRANSPORTATION REQUEST FORM

Regional School District 17
57 Little City Road,
Higginum, CT 06441

If you are planning to use bus transportation for your child or children to travel to or from school from any **location other than your home address**, please complete this form and mail to your child's school, fax it to the school's fax number, or scan and email the signed copy to your child's school secretary to the appropriate email address below. **If you are not planning to use bus transportation or if your child will only regularly travel to your home address, there is no need to complete and submit this form.**

- Burr Elementary School - Sue Hall - shall@rsd17.org - Fax # 860-345-7963
- Killingworth Elementary School - Lee Kozlowski - lkozlowski@rsd17.org - Fax # 860-663-3827
- Haddam-Killingworth Intermediate School - Katie Gebert - kgebert@rsd17.org - Fax # 860-663-2071
- Haddam-Killingworth Middle School - Lori Labella - llabella@rsd17.org - Fax # 860-663-2071
- Haddam-Killingworth High School - Katie Picard - kpocard@rsd17.org - Fax # 860-345-8252

I/we request transportation to and/or from a location other than the student's assigned bus stop.

CHILDCARE PROVIDER DUAL CUSTODY (*BOTH PARENTS/GUARDIANS MUST SIGN)

Date of Request: _____ Student's Name: _____

Student's Home Address: _____

Parent/Legal Guardian 1 – Name and Address: _____

Parent/Legal Guardian 1 - Home Phone: _____ Alternate Phone: _____ e-mail: _____

Parent/Legal Guardian 2 – Name and Address: _____

Parent/Legal Guardian 2 - Home Phone: _____ Alternate Phone: _____ e-mail: _____

Name of school the student will attend: _____ Grade: _____

PK Student AM SESSION PM SESSION ALL DAY

Student must use the alternate location at least two set days per school week	Transport Student to School From	Transport Student from School To
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Name, address, and telephone number of childcare facility and/or contact person at student's alternate stop: _____

Specifically describe the facts, circumstances, and reasons supporting this request: _____

Parent/Guardian 1 Signature for Approval: _____ Parent/Guardian 2 Signature for Approval: _____