



# Stamford Public Schools

Transportation Office  
Tel: 203- 977- 4249

2025-2026 School Year

## Application for Transportation

Add  Delete

**FOR SCHOOL PERSONNEL ONLY**  
Please email completed form to:  
[SPSTransportation@StamfordCT.gov](mailto:SPSTransportation@StamfordCT.gov)

Date \_\_\_\_\_

School \_\_\_\_\_

Grade \_\_\_\_\_

New Student  Address Change

AM Bus  PM Bus

Student Name \_\_\_\_\_

Student Number \_\_\_\_\_

Address \_\_\_\_\_

Apt. \_\_\_\_\_

Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Work Phone \_\_\_\_\_

Special Instructions \_\_\_\_\_

Parent Signature \_\_\_\_\_

Authorized by \_\_\_\_\_

*School Official*

Do not write in this space: For transportation office use only. vrt# \_\_\_\_\_ node # \_\_\_\_\_  
AM Bus # \_\_\_\_\_ Pick up Time \_\_\_\_\_ PM Bus # \_\_\_\_\_  
Stop Location \_\_\_\_\_  
Start Date \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Eligibility is determined by Board Policy and final determination is made by Transportation Office. Please allow 5 days from receipt for processing.**