

GATEWAY REGIONAL SCHOOL DISTRICT  
12 Littleville Road  
Huntington, MA 01050  
(413) 685-1016 Telephone  
(413) 667-8739 Fax

Dr. Melissa Matarazzo  
Superintendent

Amy Mason  
Business & Financial Officer

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SPLIT CUSTODY TRANSPORTATION REQUEST FORM  
2025-2026

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_ Parent Phone: \_\_\_\_\_

School Attending:    Littleville    Chester    Middle School    High School

My child \_\_\_\_\_ has permission to be picked up at

\_\_\_\_\_ for the 2025-2026 school year.

Parent's Address

Circle One:    Monday    Tuesday    Wednesday    Thursday    Friday    AM    PM

My Child \_\_\_\_\_ has permission to be dropped off at

\_\_\_\_\_ for the 2025-2026 school year.

Parent's Address

Buses are not allowed to make **unscheduled stops** other than what is specified on their route sheet.

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

Bus # \_\_\_\_\_ Bus Stop: \_\_\_\_\_