

WINDSOR LOCKS PUBLIC SCHOOLS

Revised 9/17/02

Transportation Request Form

PLEASE USE A SEPARATE FORM FOR EACH CHILD

All decisions made in accordance with Board of Education Policy Regulation #3541

****Form Must Be Submitted to School At Least 3 School Days Prior to Requested Change****

Date _____ School _____

Child's Name _____ Parent/Guardian _____

Child's Address _____ Phone _____

Teacher _____ Grade _____

Current Bus Number _____ Current Bus Stop _____

Requested Change: New Bus # _____ New Bus Stop _____

Dates this change to take place? _____ AM _____ PM _____ BOTH _____

Is this change permanent or temporary? PERMANENT _____ TEMPORARY _____

Reason for Change (be specific; use back side of paper if necessary) _____

Does this change involve day care? NO _____ YES* _____

*If YES, list name, address, and phone # of day care provider. _____

Parent/Guardian Signature _____

FOR WINDSOR LOCKS PUBLIC SCHOOLS USE ONLY

Approved _____ Denied _____ Date _____

Official Comments _____

Reviewed By _____

Copies to: Business Office, School, Smyth Bus Company, Parent/Guardian