STUDENT TRANSPORTATION REQUEST FORM

Regional School District 17
57 Little City Road,
Higganum, 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 - Deb Cumpstone - dcumpstone@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 - Amy Giarnella - agiarnella@rsd17.org - Fax # 860-345-4741

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: _____