Fairfield Public Schools
Opt-out
Transportation Survey

(To be used for students who **will not** require school bus transportation)

If your child/children **will not** require school bus transportation, please fill out this non-binding transportation survey.

Student's Name _____ **Grade** _____ **School** _____

(Please print) (List you child's grade and school for the school year)

Student's Name _____ **Grade** _____ **School** _____

(Please print) (List you child's grade and school for the school year)

Student's Name _____ **Grade** _____ **School** _____

(Please print) (List you child's grade and school for the school year)

Student's Name _____ **Grade** _____ **School** _____

(Please print) (List you child's grade and school for the school year)

As of this time please do not schedule a bus stop or reserve a seat on the school bus for my child(ren) for the 2026-27 school year. I understand that if circumstances change, I can request transportation by calling the transportation office at (203)255-8385.

Parent/Guardian Signature _____

Parent/Guardian Name _____
(Please print)

Street Address _____

Phone Number _____

Return survey to: busservice@fairfieldschools.org

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