

FILL OUT THIS FORM ONLY IF CHILD NEEDS BUSING

Westerly School Department
Request for Bus Transportation

Please forward this form to:
Westerly Public Schools
Attention: Transportation Coordinator
8 Springbrook Road
Westerly R.I. 02891
Or fax to 401-348-9450

Requests must be submitted and filed annually by August 1st.

Name of School attending:

School Year:

| | | | |
|------------------|---------------|--------|---|
| Grade: | Date of Birth | M | F |
| | | Gender | |
| Student's Name ↑ | | | |

| | |
|----------------------------|----------------------------|
| Parent's/Guardian's Name ↑ | Parent's/Guardian's Name ↑ |
| Home Phone () | Home Phone () |
| Cell Phone () | Cell Phone () |
| Email Address | Email Address |

Home Address:

City, State, Zip Code ↑↑↑↑

AM: Bus ___ Parent Transport ___ Please check one

PM: Bus ___ Parent Transport ___ Please check one

IF STUDENT IS NOT REGISTERED IN WESTERLY OR HAS HAD A CHANGE OF ADDRESS, PARENT OR GUARDIAN MUST CONTACT CENTRAL REGISTRATION OFFICE AT 401-315-1509 TO SET UP AN APPOINTMENT FOR ADDRESS VERIFICATION.

Note: * Bus Stops are determined by nearest existing bus stop. Any special requests must go through The Westerly Transportation Dept. by calling 401-348-9430**

Emergency Contacts

| | |
|---------------------|---------------------|
| Emergency Contact ↑ | Emergency Contact ↑ |
| Home Phone () | Home Phone () |
| Cell Phone () | Cell Phone () |

Medical Information

Allergies/Special Health Considerations:

Parent/Guardian Signature _____ Date _____