EAST PROVIDENCE SCHOOL DEPARTMENT
80 BURNSIDE AVENUE, EAST PROVIDENCE, RI 02915
TEL: 433-6229 FAX: 433-6279

TRANSPORTATION APPEAL FORM FOR SCHOOL YEAR 2011-2012

(This form does not apply if you requested a specific school for your child.)

(PLEASE PRINT)

Student Name: _____Grade: _____ School:_____

Student Address: _____ Telephone:_____

I would like to request transportation for my child as follows (please check):

To School (a.m.)_____ From School (p.m.) _____

Please give a brief description of your request below:

_____

_____

_____

_____

Name of Parent/Guardian:_____
Please Print

Parent/Guardian Signature:_____Date:_____

Please understand the strict policy of an appeal is to grant transportation upon availability. Students who are not eligible for transportation may be approved providing that there is room available on bus route. Bus stops will not be altered and times will not be changed. Parents are responsible to get children safely to and from bus stop.
Most appeals will be heard following the opening of school.
You will be notified by telephone if your appeal was granted or denied. Appeal Forms must be completed and filed with the Transportation Office on a yearly basis.

Transportation use only:

Denied:_____ Approved:_____

Bus #_____Pick Up Time _____Stop_____

Bus #_____ Return Time _____Stop _____

Start Date:_____