



# WATERFORD PUBLIC SCHOOLS

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**Mr. Thomas W. Giard III**  
Superintendent

**Mr. Craig C. Powers**  
Assistant Superintendent

## YEARLY STUDENT TRANSPORTATION FORM

SCHOOL YEAR: \_\_\_\_\_

DATE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

STUDENT: \_\_\_\_\_ GRADE: \_\_\_\_\_

New Student

Change of Address

HOME ADDRESS: \_\_\_\_\_

DAYTIME PHONE NUMBERS: \_\_\_\_\_

MY CHILD WILL TAKE THE SCHOOL BUS FROM AND TO HOME EVERY DAY.

MY CHILD WILL BE TRANSPORTED AND WILL NOT TAKE THE SCHOOL BUS.

MY CHILD WILL REQUIRE ALTERNATE TRANSPORTATION AS DETAILED BELOW:

OTHER: \_\_\_\_\_

*Use other side if needed.*

**\*\* PARENT/GUARDIAN SIGNATURE REQUIRED BELOW \*\***

***Please complete this section for students who will require alternate transportation arrangements***

*Note: Transportation to a daycare is defined as a consistent, regularly scheduled arrangement between parents and provider. A temporary babysitting arrangement is not considered daycare.*

DAYCARE PROVIDER: \_\_\_\_\_

PROVIDER PHONE: \_\_\_\_\_

PROVIDER ADDRESS: \_\_\_\_\_

DAYCARE SCHEDULE:

	MON	TUE	WED	THR	FRI
AM					
PM					

### BUS COMPANY USE ONLY

AM BUS #: \_\_\_\_\_

PICK UP TIME: \_\_\_\_\_

AM STOP LOCATION:  
\_\_\_\_\_

PM BUS #: \_\_\_\_\_

PICK UP TIME: \_\_\_\_\_

PM STOP LOCATION:  
\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_  
*(Please print)*

Parent/Guardian Signature: \_\_\_\_\_