



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: _____

**** Please return Transportation Form directly to the school that student attends ****