



# 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

Change in Preference

*Note: Documentation of Proof of Residency is required to be submitted to the student's school.*

*Note: Change of preference will be accommodated within two weeks of receipt of form.*

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: \_\_\_\_\_

**\*\* 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 #: \_\_\_\_\_

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

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

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

PM DROP OFF TIME: \_\_\_\_\_

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

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

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