

**SOUTH KINGSTOWN SCHOOL DEPARTMENT REQUEST FOR TRANSPORTATION**

**SCHOOL** \_\_\_\_\_

**STUDENT'S LAST NAME:** \_\_\_\_\_ **FIRST NAME:** \_\_\_\_\_

**STREET ADDRESS:** \_\_\_\_\_

**GUARDIAN'S NAME:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **GRADE** \_\_\_\_\_

**In case of an emergency, or if parent listed above cannot be contacted, please contact \_\_\_\_\_ at phone number \_\_\_\_\_.**

**The South Kingstown School Department will transport your child to or from any bus stop location within the boundaries of the school your child attends. The only requirement is that your child be picked up at the same location and be transported to the same location every day.**

**I understand that requests received after July 17, 2015 may not be processed until two (2) weeks after the start of school so as to permit evaluation of schedules and busloads.**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

**Please send completed form to:**  
**Maria Parrillo**  
**Transportation Manager**  
**307 Curtis Corner Road**  
**Wakefield, RI 02879**  
**Phone: 401-360-1306**  
**Fax: 401-360-1330**

**ALTERNATE PICK UP ADDRESS**  
**CONTACT NAME AND PHONE NUMBER**

\_\_\_\_\_  
**ALTERNATE DROP OFF ADDRESS**  
**CONTACT NAME AND PHONE NUMBER**

**For Ocean State Transit Use:**

**Completed By:** \_\_\_\_\_

**Bus#:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **AM** \_\_\_\_\_ **PM** \_\_\_\_\_

**Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_