

**WESTERLY PUBLIC SCHOOLS**

**REQUEST FOR CHANGE OF BUS STOP (OPTIONAL – ONLY TO BE USED IF REQUESTING CHANGE FROM HOME STOP)**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> <b>Dunns Corners Elementary</b><br>8 Plateau Road<br>Westerly, RI 02891<br>Phone 401-348-2320<br>Fax 401-348-2325   | <input type="checkbox"/> <b>Springbrook Elementary</b><br>39 Springbrook Road<br>Westerly, RI 02891<br>Phone 401-348-2296<br>Fax 401-348-2305 | <input type="checkbox"/> <b>State Street Elementary</b><br>35 State Street<br>Westerly, RI 02891<br>Phone 401-348-2340<br>Fax 401-348-2345 |
| <input type="checkbox"/> <b>Westerly Middle School</b><br>10 Sandy Hill Road<br>Westerly, RI 02891<br>Phone 401-348-2750<br>Fax 401-348-2752 | <input type="checkbox"/> <b>Westerly High School</b><br>23 Ward Avenue<br>Westerly, RI 02813<br>Phone 401-596-2109<br>Fax 401-315-1586        | <input type="checkbox"/> <b>Babcock Early Learning</b><br>23 Highland Ave<br>Westerly, RI 02891<br>Phone 401-315-1500<br>Fax 401-348-2707  |
- Other**  
Please Specify \_\_\_\_\_

**COMPLETED FORM SHOULD BE RETURNED TO THE SCHOOL OFFICE THEN FAXED TO THE  
TRANSPORTATION DEPARTMENT OFFICE AT 401-348-9450.**

**REQUESTS FOR CHANGE MUST BE RECEIVED BY AUGUST 1<sup>ST</sup> AND FILED ANNUALLY.**

**NOTE: ALL CHANGES ARE TO THE NEAREST EXISTING BUS STOP.**

**SEE REVERSE SIDE FOR INSTRUCTIONS AND CONDITIONS**

School Year: \_\_\_\_\_ Start Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade \_\_\_\_\_

Emergency Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Residence Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

*Email Address (approvals will be emailed to this) address* \_\_\_\_\_

Parent/Guardian Name (s): \_\_\_\_\_ Home Phone: \_\_\_\_\_

Daycare Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Daycare Address: \_\_\_\_\_

**\*\* By signing below I certify this student is attending the daycare as listed above and on the days stated below.\*\***

Daycare Approval Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Trip to School:	All _____	Same Bus Only	M _____	T _____	W _____	T _____	F _____
Trip From School:	All _____	Same Bus Only	M _____	T _____	W _____	T _____	F _____

I fully understand the conditions, limitations, and restrictions based on Westerly Public School District regarding this request.

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

**FOR OFFICE USE ONLY**

Attending School Office: \_\_\_\_\_ Date Received from Parent \_\_\_\_\_  
School Year: \_\_\_\_\_ AM Bus \_\_\_\_\_ PM Bus \_\_\_\_\_

Closest existing stop \_\_\_\_\_  
Date Received: Transportation Dispatch: \_\_\_\_\_  
Director of Transportation: \_\_\_\_\_  
Attending School: \_\_\_\_\_ Date School Notified \_\_\_\_\_

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## INSTRUCTIONS/CONDITIONS FOR REQUEST OF CHANGE IN TRANSPORTATION

1. Requests for change in transportation are for a permanent basis when the school the student is attending is open. Changes that require a student to ride a different bus than he/she would from home will only be approved if the change is for five (5) days per week. Requests for changes for fewer than five (5) days per week may be approved only if it involves the same bus and only one alternate bus stop per week, or is pursuant to a court approved custodial agreement. A copy of the appropriate language is to be provided to the District.
2. Requests for change in transportation will **NOT** allow for a student to be bussed to/from a location outside his/her designated school attendance area.
3. All information required on the form must be completed before the request will be processed.
4. Parent/guardian will initiate the request for change by filing a bus stop location change request form, available from the office of the school the student is/will be attending, and returning the completed form to that school. The attending school will fax or email the form to the transportation department who will, after ascertaining that there are not scheduling difficulties, forward the form back to the School office with final approval. The Director of Transportation will notify the student's school and parent/guardian of any denial of the request and its reason. The parent/guardian of the student may contact the Superintendent's office in writing, to appeal a denial and to reconsider a request.
5. Relocation of bus stop requests to accommodate bus stop changes must be approved prior to August 1<sup>st</sup> to be processed and be in place when school opens.
6. Subject to approval, requests received after August 1<sup>st</sup> will be processed as soon as possible before the first day of school. All late requests after the first day of School opening shall be processed within 5 days after the opening of school to permit evaluation of time schedules and bus loads. Please allow five (5) school days for all daycare request processing.
7. Relocation of stops received after August 1<sup>st</sup> will be limited to the resident address/bus stop or limited to the following restrictions:
  - a. Will not cause a student overload on the bus in question
  - b. Will not cause additional time to accrue to a bus run
  - c. Will not cause additional mileage to accrue to the bus in question
  - d. Will not cause the rescheduling of a bus route or the addition of bus stops to the bus in question
  - e. Will not cause a student to be bused to/from a location outside his/her designated school attendance area
8. **All requests must be filed on an annual basis.**