

**FILL OUT THIS FORM ONLY IF CHILD NEEDS BUSING**

**Westerly School Department  
Request for Bus Transportation**

Please forward this form to:  
**Westerly Public Schools**  
**Attention: Transportation Coordinator**  
**8 Springbrook Road**  
**Westerly R.I. 02891**  
**Or fax to 401-348-9450**

***Requests must be submitted and filed annually by August 1st.***

Name of School attending:

School Year:

Grade:	Date of Birth	M _____ F _____ Gender
<u>Student's Name</u> ↑		

Parent's/Guardian's Name ↑	Parent's/Guardian's Name ↑
Home Phone ( )	Home Phone ( )
Cell Phone ( )	Cell Phone ( )
Email Address	Email Address

Home Address:

City, State, Zip Code ↑↑↑↑

AM: Bus \_\_\_ Parent Transport \_\_\_ Please check one

PM: Bus \_\_\_ Parent Transport \_\_\_ Please check one

**IF STUDENT IS NOT REGISTERED IN WESTERLY OR HAS HAD A CHANGE OF ADDRESS, PARENT OR GUARDIAN MUST CONTACT CENTRAL REGISTRATION OFFICE AT 401-315-1509 TO SET UP AN APPOINTMENT FOR ADDRESS VERIFICATION.**

**Note: \*\*\* Bus Stops are determined by nearest existing bus stop. Any special requests must go through The Westerly Transportation Dept. by calling 401-348-9430**

**Emergency Contacts**

Emergency Contact ↑	Emergency Contact ↑
Home Phone ( )	Home Phone ( )
Cell Phone ( )	Cell Phone ( )

**Medical Information**

Allergies/Special Health Considerations:

Parent/Guardian Signature

Date