



# VERNON PUBLIC SCHOOLS

30 Park Street • P.O. Box 600

Vernon, CT 06066-0600

Tel: 860-870-6000

## SPECIAL TRANSPORTATION REQUEST

Request for special transportation to/from a babysitter or child care center

SCHOOL YEAR: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Student Name: \_\_\_\_\_ School: \_\_\_\_\_

Home Address: \_\_\_\_\_

Grade: \_\_\_\_\_ Regular Status: (*Circle One*) WALKER BUS#: \_\_\_\_\_

I am requesting the following special transportation for my child:

- My child be picked up at the below address and transported to school
- My child be picked up from school and be transported to the address below:

Day care / Babysitter name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Transportation to begin on: \_\_\_\_\_ and end on \_\_\_\_\_

I understand that by signing this form:

Approval of this request is contingent upon the criteria set forth in the Vernon Board of Education student transportation policy (section 3541) and is available on the Vernon Public Schools website or by request from the Transportation Coordinator. Approved requests are valid only for the school year submitted and must be resubmitted each school year. Approval during one school year does not guarantee approval during subsequent school years.

Further, I understand that my child may be removed from the bus to/from the requested location if the assigned bus becomes overcrowded by students whose home address is on the assigned route.

\_\_\_\_\_  
SIGNED

\_\_\_\_\_  
DATE

### FOR OFFICAL USE ONLY

RECEIVED: \_\_\_\_\_

- APPROVED BUS# \_\_\_\_\_
- DENIED

Authorized by: \_\_\_\_\_ Services start on: \_\_\_\_\_

Cc: Transportation, Bus Company

CHILDCARE TRANSPORTATION REQUEST

v.9/30/2015