

CUMBERLAND SCHOOL DEPARTMENT
2602 Mendon Road Cumberland, RI 02864-3726
Durham School Services - Tel 401- 334-3745 / Fax 401- 334-3775

Request to Change Bus Transportation
2018-2019

NOTE: Please be reminded that requests for a change of transportation will **NOT** allow for a student to be transported to/from a location outside his/her designated school attendance area and **MUST** be for **five (5) days** per week. In addition, if the busload is at capacity, the request may not be granted.

I am requesting a transportation change for the 2017-2018 school year. I am providing the following information in order to have the request reviewed by Durham School Services and the Cumberland School Department.

My signature indicates that I have read each of the following statements and understand that requests are subject to approval based on the understated conditions:

- will not cause a student overload on the bus in question;
- will not cause additional time to accrue to a bus run;
- will not cause additional mileage to accrue to the bus in question;
- will not cause the rescheduling of a bus route or the addition of bus stops to the bus in question;
- will not cause a student to be bused to/from a location outside his/her designated school attendance area.



Please fax request to Durham School Services and allow five (5) business days to process your request.

PLEASE PRINT:

Student Name _____ Grade in September 2018: _____

Home Address: _____ Home Phone _____

Emergency Contact: Name: _____ Phone _____

	<input type="checkbox"/> Preschool Center	<input type="checkbox"/> Ashton	<input type="checkbox"/> B. F. Norton	<input type="checkbox"/> Garvin
School (check one):	<input type="checkbox"/> Community	<input type="checkbox"/> JJM Cumberland Hill	<input type="checkbox"/> McCourt Middle School	<input type="checkbox"/> North Cumberland Middle School
	<input type="checkbox"/> Cumberland High School	<input type="checkbox"/> Other (please specify) _____		
	I am requesting a change of address <u>for transportation purposes</u> only as indicated on the line below:			
Alternate Address: _____	Check time of day that change is applicable:		<input type="checkbox"/> AM <u>only</u> <input type="checkbox"/> PM <u>only</u>	
			<input type="checkbox"/> AM <u>and</u> PM	
			<input type="checkbox"/> End of AM Preschool <input type="checkbox"/> Start of PM Preschool	

Date

Parent/Guardian Name (PLEASE PRINT)

Requested Start Date: _____

Parent/Guardian Signature

FOR OFFICE USE ONLY (revised 5-13-16)

<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	<input type="checkbox"/> Notification Sent	Date _____
Reason for denial _____	<input type="checkbox"/> Parent Notified	<input type="checkbox"/> CSD Notified	