CUMBERLAND SCHOOL DEPARTMENT
2602 Mendon Road Cumberland, RI 02864-3726
Transportation Office - Email to transportation@cumberlandschools.org

Request to Change Bus Transportation
2023-2024

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 <u>MUST be for five (5) days</u> per week. In addition, if the bus load is at capacity, the request may not be granted.

I am requesting a transportation change for the 2023-2024 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 scan *to the Transportation Office and* allow a minimum of five (5) business days to process your request.
PLEASE PRINT:

Student Name _____Grade in September 2023: _____

Home Address: _____Home Phone _____

Emergency Contact: Name: _____ Phone _____

❑ Preschool Center   ❑ Ashton   ❑ B. F. Norton   ❑ Garvin School   ❑ Community   ❑ JJM Cumberland Hill

                 ❑ McCourt Middle Middle School   ❑ North Cumberland

(check one):   ❑ Cumberland High School   ❑ Other (please specify) _____

I am requesting a change of address for <u>transportation purposes</u> only as indicated on the line below

Check time of day that change is applicable: ❑ AM **only**   ❑ PM **only**   ❑ AM **and** PM
                                ❑ End of AM Preschool   ❑ Start of PM Preschool

     Alternate Address: _____

_____Date:_____

Parent/Guardian Name (PLEASE PRINT)

Requested Start Date: _____ Parent/Guardian Signature_____

FOR OFFICE USE ONLY (revised 5-13-16) ❑ Approved   ❑ Denied   ❑ Notification Sent Date _____

Reason for denial _____   ❑ Parent Notified   ❑ CSD Notified