

**CUMBERLAND PUBLIC SCHOOLS**  
2602 Mendon Road Cumberland, RI 02864-3726  
Tel 401 / 658-1600 \* Fax 401 / 658-4620

**Request to Change Bus Transportation**  
**2009-2010**

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**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 2009-2010 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.



Student Name \_\_\_\_\_ Grade in September 2009: \_\_\_\_\_

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 Kindergarten/ Preschool		<input type="checkbox"/> Start of PM Kindergarten/ Preschool	

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name (PLEASE PRINT)

\_\_\_\_\_  
Parent/Guardian Signature

**FOR OFFICE USE ONLY** (revised 1-14-08)

<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	<input type="checkbox"/> Letter sent	Date _____
Reason for denial _____	Durham _____	CSD _____	