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

Request to Change Bus Transportation

2011-2012

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 2011-2012 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 allow five (5) business days to process your request.

Student Name _____ Grade in September 2010: _____

Home Address: _____Home Phone _____

Emergency Contact: Name: _____ Phone _____

School (check one):

- ❑ Preschool Center
- ❑ Ashton
- ❑ B. F. Norton
- ❑ Garvin
- ❑ Community
- ❑ JJM Cumberland Hill
- ❑ McCourt Middle School
- ❑ North Cumberland Middle School
- ❑ Cumberland High School
- ❑ Other (please specify) _____

I am requesting a change of address for transportation purposes only as indicated on the line below:

Alternate Address: _____

Check time of day that change is applicable:

- ❑ AM only
- ❑ PM only
- ❑ AM and PM
- ❑ End of AM Kindergarten/ Preschool
- ❑ Start of PM Kindergarten/ Preschool

_____ _____

Date Parent/Guardian Name (PLEASE PRINT)

_____

Parent/Guardian Signature

FOR OFFICE USE ONLY (revised 9-17-11)

- ❑ Approved
- ❑ Denied
- ❑ Letter sent

Date _____

Reason for denial _____ Durham _____ CSD _____