

**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**  
**2017-2018**

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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 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 2017: \_\_\_\_\_

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

<b>FOR OFFICE USE ONLY</b> (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