

NARRAGANSETT SCHOOL DEPARTMENT REQUEST FOR TRANSPORTATION

SCHOOL _____

STUDENT'S LAST NAME: _____ **FIRST NAME:** _____

STREET ADDRESS: _____

GUARDIAN'S NAME: _____

PHONE: _____ **GRADE** _____

In case of an emergency, or if parent listed above cannot be contacted, please contact _____ at phone number _____.

The Narragansett School Department will transport your child to or from any bus stop location within the boundaries of the school your child attends. The only requirement is that your child be picked up at the same location and be transported to the same location every day.

I understand that requests received after July 17, 2017 may not be processed until two (2) weeks after the start of school so as to permit evaluation of schedules and busloads.

Parent/Guardian Signature

Date

Please send completed form to:
Derek DePalo
Transportation Manager
25 5th Avenue 3rd Floor
Narragansett, RI 02882
Phone: 401-792-9440
Fax: 401-792-9441

ALTERNATE PICK UP ADDRESS
CONTACT NAME AND PHONE NUMBER

ALTERNATE DROP OFF ADDRESS
CONTACT NAME AND PHONE NUMBER

For Narragansett Transit Use:

Completed By: _____

Bus#: _____ **Time:** _____ **AM** _____ **PM** _____

Comments: _____
