

**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 District. 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 31, 2021 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**  
**55 Mumford Road**  
**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:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_