

EXETER WEST-GREENWICH

SCHOOL BUS FORM

OUT OF DISTRICT TRANSPORTATION

401-397-7415 / Fax 401-392-0518

Today's Date: _____

School Attending: _____

School Year: _____

Please complete section A. If applicable complete sections B & C.

A Student's Name: _____ Grade: _____

Address: _____

Current / Home Address

City: _____ State: **R.I.** Zip Code: _____

Phone: _____ Emergency Phone: _____

Requested Effective Date: _____ Please Allow 3 Business Days

B Daycare Provider's Name: _____

Daycare Address: _____

City: _____ State: **R.I.** Zip Code: _____

(Please Check Below Which One Will Apply)

Daycare Phone: _____ ☐ Before School ☐ After School ☐ Both

Please Allow 3 Business Days

C Parent / Guardian: _____

Joint Custody Address: _____

City: _____ State: **R.I.** Zip Code: _____

Joint Custody Phone: _____ Relationship: _____

(Please Check Which Days & Times Apply At The Joint Custody Address)

____ Mon ____ Tue ____ Wed ____ Thu ____ Fri
__AM __PM __AM __PM __AM __PM __AM __PM

Please Allow 3 Business Days

D **For Bus Company Completion**

Effective Date: _____

A.M. Bus: _____ Time: _____ Location: _____

P.M. Bus: _____ Time: _____ Location: _____