



VERNON PUBLIC SCHOOLS

30 Park Street • P.O. Box 600

Vernon, CT 06066-0600

Tel: 860-870-6000

SCHOOLTRANSPORTATION@VERNON-CT.GOV

STUDENT TRANSPORTATION REQUEST FORM

Please return this form to your school office

SECTION I (Student information):

STUDENT NAME: _____ SCHOOL: _____ GRADE: _____

HOME ADDRESS: _____

PARENT/GUARDIAN: _____ PHONE NUMBER: _____

E-MAIL ADDRESS: _____

SECTION II (Transportation Information)

REQUEST:

I would like to change the location of my child's bus stop.

I would like to request bus transportation for my child who is a walker.

Other

IF OTHER, PLEASE PROVIDE DETAIL HERE:

PLEASE EXPLAIN THE REASON FOR YOUR REQUEST. USE ADDITIONAL PAPER IF NECESSARY. ATTACH ANY SUPPORTING DOCUMENTS TO THIS FORM:

I understand that approval of my request will be based on the Vernon Board of Education Student Transportation policies which are available for review on our website at www.vernonpublicschools.org/transportation.

Parent/Guardian signature

Date

FOR OFFICAL USE ONLY BELOW THIS LINE

Received: _____

____ Approved

____ Denied