



# VERNON PUBLIC SCHOOLS

30 Park Street • P.O. Box 600

Vernon, CT 06066-0600

Tel: 860-870-6000

SCHOOLTRANSPORTATION@VERNON-CT.GOV

## **STUDENT TRANSPORTATION SPECIAL REQUEST FORM**

Please return this form to your school office or email it to: SCHOOLTRANSPORTATION@VERNON-CT.GOV

### **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 a change in bus transportation for my child's before or after school care. *(Must be in the same school district.)*

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](http://www.vernonpublicschools.org/transportation).

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date



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FOR OFFICAL USE ONLY BELOW THIS LINE

Received: \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_

## STUDENT TRANSPORTATION REQUEST EVALUATION

### SECTION III (Request evaluation)

EVALUATION DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

EVALUATOR NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

DISTANCE FROM HOME TO SCHOOL OR STOP: \_\_\_\_\_

AVERAGE VEHICLES PER HOUR: \_\_\_\_\_

IS THERE AN IDENTIFIABLE HAZARD ALONG THE WALKING ROUTE AS DEFINED BY BOARD OF EDUCATION POLICY?

NO: \_\_\_\_\_ YES: \_\_\_\_\_ IF YES, PLEASE EXPLAIN: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

APPROVED: \_\_\_\_\_ DENIED: \_\_\_\_\_

REASON FOR APPROVAL/DENIAL: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

EFFECTIVE DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_

PARENT/GUARDIAN NOTIFIED: \_\_\_\_\_ DATE: \_\_\_\_\_ METHOD: \_\_\_\_\_

APPEAL:

SUPERINTENDENT: \_\_\_\_\_ DATE: \_\_\_\_\_ APPROVED DENIED

BOARD OF EDUCATION: \_\_\_\_\_ DATE: \_\_\_\_\_ APPROVED DENIED

STATE DEPARTMENT OF EDUCATION: \_\_\_\_\_ DATE: \_\_\_\_\_ APPROVED DENIED