

CARVER PUBLIC SCHOOLS – TRANSPORTATION DEPARTMENT

**RETURN TO CHILD’S HOMEROOM TEACHER BY June 1, 2017
or mail to 3 Carver Square Blvd., Carver, MA 02330**

TRANSPORTATION BUS REQUEST FORM – 2017/2018

*****PLEASE FILL OUT ONLY IF DIFFERENT FROM PAST YEAR****

 YES, I am requesting a ride to & from school for a student(s) in Grades **K-12**

Print student name (s) please print clearly

Grade Level for 2017/2018

- 1. _____
- 2. _____
- 3. _____
- 4. _____

- _____
- _____
- _____
- _____

Pick up/Drop off address if different than home address.

Please remember students can only be assigned *ONE* bus in the AM & *ONE* in the PM

AM: _____

PM: _____

 NO, I am NOT requesting a ride to & from school for a student(s) in Grades **K-12**

Print student name (s) please print clearly

Grade Level for 2017/2018

- 1. _____
- 2. _____
- 3. _____
- 4. _____

- _____
- _____
- _____
- _____

Parent/Guardian Name _____ **Date** _____
Please print clearly

Home Address _____

Telephone Number: _____

This form may be downloaded from www.carver.org under Transportation Forms.

Office use only:

Date received _____ **# of student’s** _____ **BUS ROUTE NUMBER** _____