



CARVER PUBLIC SCHOOLS

3 Carver Square Blvd., Carver, MA 02330

Transportation Request Form March 2021

Please complete this form for your student's transportation needs for the transition to the full in-person learning model for the remainder of the school year. In order to ensure transportation for your student, please submit to the Director of Transportation by **Friday, February 26, 2021.**

The completion of this form is a requirement for all Carver Public Schools students, even if your student does not require transportation services.

Please note: Students can only be assigned one bus route in the morning and one bus route in the afternoon.

STUDENT INFORMA	TION							
Student's Name:	(First)							
	(Last)							
Grade Level for the 20	020-2021 School Year:	K 7 POST	1 8	9	3 10	4 11	5 12	6
Is your student currer	itly assigned to a bus?	YES	NO					
TRANSPORTATION	NEEDS							
Please select the transportation needs for AM / PM AM Only PM Only your student: PICK UP/DROP OFF PICK UP DROP OFF If "NONE", you can submit the form without any additional information needed.								
PICK UP / DROP OFF LOCATION								
Morning Pick Up Address:	* Please note: Only one pic	k up location	is allowed.	The addres	s must be th	e same each	ı day.	
Afternoon Drop Off Address:	* Please note: Only one dro	p off location	n is allowed	d. The addre	ess must be t	he same ead	ch day.	
Office use only								
Date received:	AM Estim	ate]	PM Estima	te	R	oute #	



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Office use only								
Date received:	AM Estimate	PM Estimate	Route #					