

CHARIHO REGIONAL SCHOOL DISTRICT

REQUEST FOR CHANGE OF BUS STOP (OPTIONAL – ONLY TO BE USED IF REQUESTING CHANGE FROM HOME STOP)

Charlestown School
363 Carolina Back Rd
Charlestown, RI 02813
Phone 401-364-7716
Fax 401-364-1169

Richmond School
190 Kingstown Rd
Wyoming, RI 02898
Phone 401-539-2441
Fax 401-539-1357

Ashaway School
12A Hillside Ave
Ashaway, RI 02804
Phone 401-377-2211
Fax 401-377-7735

Hope Valley School
15 Thelma Dr.
Hope Valley, RI 02832
Phone 401-539-2321
Fax 401-539-1354

Chariho Middle School
455B Switch Rd
Wood River Jct, RI 02894
Phone 401-364-0651
Fax 401-364-1189

Chariho High School
453 Switch Rd
Wood River Jct, RI 02894
Phone 401-364-7778
Fax 401-364-1190

Career & Technical Center
459 Switch Rd
Wood River Jct, RI 02894
Phone 401-364-6869
Fax 401-364-1191

RYSE School
455C Switch Rd
Wood River Jct, RI 02894
Phone 401-315-2880
Fax 401-315-2881

**COMPLETED FORM SHOULD BE RETURNED TO THE OFFICE OF THE PRINCIPAL.
REQUESTS FOR CHANGE MUST BE RECEIVED BY AUGUST 1ST AND FILED ANNUALLY.
NOTE: ALL CHANGES ARE TO THE NEAREST EXISTING BUS STOP.
SEE REVERSE SIDE FOR INSTRUCTIONS AND CONDITIONS**

School Year: _____ Date: _____

Town of Residence: _____ Grade Level: _____

Student's Name _____ Emergency Phone: _____

Residence Address: _____ City, State, Zip: _____

Mailing Address: _____ City, State, Zip: _____

Email Address (approvals will be emailed to this address) _____

Parent/Guardian Name (s): _____ Home Phone: _____

Responsible Agency/Person: _____ Phone: _____

If Agency, Name of Contact Person: _____

Town Location: _____

Street Address: _____ City, State, Zip: _____

Trip to School: All _____ Same Bus Only M _____ T _____ W _____ T _____ F _____

Trip From School: All _____ Same Bus Only M _____ T _____ W _____ T _____ F _____

I fully understand the conditions, limitations, and restrictions based on Chariho Regional School District policy

Parent/Guardian Signature: _____ Date: _____

Responsible Agency/Person Signature: _____ Date: _____

FOR OFFICE USE ONLY

Attending School Office: _____ Date Received from Parent _____

School Year: _____ AM Bus _____ PM Bus _____

Closest existing stop _____

Date Received: Transportation Company: _____ Approved _____ Denied _____

District Administrator: _____ Approved _____ Denied _____

Attending School: _____ Date School Notified _____

Reason for Denial: _____ Effective Date of Change _____

INSTRUCTIONS/CONDITIONS FOR REQUEST OF CHANGE IN TRANSPORTATION

1. Requests for change in transportation are for a permanent basis when the school the student is attending is open. Changes that require a student to ride a different bus than he/she would from home will only be approved if the change is for five (5) days per week. Requests for changes for fewer than five (5) days per week may be approved only if it involves the same bus and only one alternate bus stop per week, or is pursuant to a court approved custodial agreement. A copy of the appropriate language is to be provided to the District.
2. Requests for change in transportation will not allow for a student to be bussed to/from a location outside his/her designated school attendance area.
3. All information required on the form must be completed before the request will be processed.
4. Parent/guardian will initiate the request for change by filing a bus stop location change request form, available from the office of the school the student is/will be attending, and returning the completed form to that school. The attending school will forward the form to the transportation company who will, after ascertaining that there are not scheduling difficulties, forward the form to the District administration office for final approval. The District administration office will notify the student's school, parent/guardian and the transportation company of approval or denial of the request.
5. Relocation of bus stop requests to accommodate bus stop changes must be approved prior to August 1st to be processed and be in place when school opens.
6. Subject to approval, requests received after August 1st will be processed between two (2) and three (3) weeks after the opening of school to permit evaluation of schedules and bus loads. Please allow five (5) school days for processing.
7. Relocation of stops received after August 1st will be limited to the resident address/bus stop or limited to the following restrictions:
 - a. Will not cause a student overload on the bus in question
 - b. Will not cause additional time to accrue to a bus run
 - c. Will not cause additional mileage to accrue to the bus in question
 - d. Will not cause the rescheduling of a bus route or the addition of bus stops to the bus in question
 - e. Will not cause a student to be bused to/from a location outside his/her designated school attendance area
8. All requests must be filed on an annual basis.