## CHARIHO REGIONAL SCHOOL DISTRICT 2023-2024 SCHOOL YEAR TRANSPORTATION REGISTRATION FORM

## and Kindergarten/First Grade Bus Release Form

PLEASE COMPLETE THE TOP SECTION OF THIS FORM ONLY IF YOUR CHILD(REN) NEED TRANSPORTATION SERVICES FOR THE 2023-2024 SCHOOL YEAR. If you have a Kindergarten or First grade student the lower section will need to be filled out.

RETURN COMPLETED FORM BY JULY 1 TO YOUR CHILD'S SCHOOL

(TRANSPORTATION REGISTRATION FORMS ARE ALSO AVAILABLE AT WWW.CHARIHO.K12.RI.US)

Parent/Guardian Na	me:							
Residence Address:			Town of Residence:					
Mailing Address:			City, State, Zip:					
Home Phone:			Cell Phone:					
Email Address:								
						Transportation Needs		
Stude	ent's Name	Student ID #	School:	Grade:	AM	PM	Both AM/PM	
D 4/C 1	G* 4			Date				
Parent/Guardian Signature: Dat					•			
terminal by radio as soon as contact the parent/guardian. the terminal. A parent/guard 3) The first instance of a re designated responsible perso shall generate a written warm appropriate action, which may 4) A parent/guardian may s responsible person there to n		he student on the bus contacted to assist. In other stop and ask for in the absence of emore the student at the bus sequent offenses shall privileges for up to to bow the child to be dro	Terminal person of a child is retain release of the corgency circumstatop, shall genera be referred to the condays.	nnel shall immed on the bushild. ances which perfect a warning to a Superintendo	nediately in, the child brevented to parents. ent or his/h	nitiate eff must be r he parent The seco ner design if there is	orts to eturned to (s) or nd offense see for	
procedure directs that, unless transported back to the bus to	e revised procedure for dropping a parent-designated responsible rminal and the parent/guardian	ole person is there to not not only designee will have	receive a Kinders to pick the stude	garten or grad				
Bus Stop Address								
even if no parent or paren	child from this procedure. at-designated responsible pe empt my child from this pr	rson is thereto mee	t my child.		•		•	
- Name	Phone #		Name			Pl	none #	
Name	Phone #		 Name			Pł	none #	

Date

Signature of Parent/Guardian