

**CHARIHO REGIONAL SCHOOL DISTRICT
2019-2020 SCHOOL YEAR TRANSPORTATION REGISTRATION FORM**

PLEASE COMPLETE THE TOP SECTION OF THIS FORM ONLY IF YOUR CHILD(REN) NEED TRANSPORTATION SERVICES FOR THE 2019-2020 SCHOOL YEAR. RETURN COMPLETED FORM BY JULY 1 TO YOUR CHILD'S PRINCIPAL.
(REGISTRATION AND REQUEST FOR BUS STOP CHANGE FORM ALSO AVAILABLE AT WWW.CHARIHO.K12.RI.US)

Parent/Guardian Name: _____
 Residence Address: _____ Town of Residence: _____
 Mailing Address: _____ City, State, Zip: _____
 Home Phone: _____ Cell Phone: _____
 Email Address: _____

Student's Name	Student ID #	School:	Grade:	Transportation Needs (Please select one)		
				AM	PM	Both AM/PM
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Parent/Guardian Signature: _____

Date: _____

REQUEST CHANGE OF BUS STOP FORM

USE TO REQUEST CHANGE FROM HOME STOP DUE TO DAYCARE, CUSTODY, ETC.; OTHERWISE DO NOT COMPLETE.
 ALL CHANGES ARE TO THE NEAREST EXISTING BUS STOP. REQUESTS MUST BE FOR 5 DAYS,
 WITH THE ONLY EXCEPTION FOR DOCUMENTED CUSTODY REASONS. PLEASE SUBMIT COURT DOCUMENTS.

Responsible Agency/Person: _____ Town: _____
 Street Address: _____ City, State, Zip: _____
 Phone: _____ Cell Phone: _____

If Agency, Name of Contact Person: _____

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

I fully understand the conditions, limitations, and restrictions detailed in the CHARIHO Transportation Policy.

Parent/Guardian Signature: _____ Date: _____

Responsible Agency/Person Signature: _____ Date: _____

FOR OFFICE USE ONLY

Attending School Office: _____ Date Received from Parent: _____

Closest existing stop: _____

Transportation Company: _____ Approved _____ Denied _____

Reason for Denial: _____ Effective Date of Change: _____