

**CHARIHO REGIONAL SCHOOL DISTRICT  
2020-2021 SCHOOL YEAR TRANSPORTATION REGISTRATION FORM**

**PLEASE COMPLETE THE TOP SECTION OF THIS FORM ONLY IF YOUR CHILD(REN) NEED TRANSPORTATION SERVICES FOR THE 2020-2021 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](http://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: \_\_\_\_\_