



Chariho Regional School District

Office of the Superintendent

455A Switch Road
Wood River Junction, Rhode Island 02894



All Kids. All of the Time.

BARRY J. RICCI
Superintendent of Schools

JANE L. DALY
Assistant Superintendent of Schools

SYLVIA K. STANLEY
School Committee Chairperson

May 5, 2017

Dear Parents/Guardians:

As we strive to identify every possible fiscal efficiency and to improve our delivery models, we will implement a student transportation system based upon need, as opposed to one based strictly upon eligibility. In the past, our buses have been utilized at rates of between 60% to 65% of capacity. In other words, we plan our routes for all students "just in case" they need it, but, in reality, many don't use our transportation system. To become more efficient, we are now requiring that parents/guardians register for student transportation services.

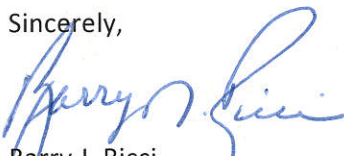
Transportation registration will allow us to serve those students who need transportation services. Knowing this information in advance will allow us to optimize travel time, identify appropriate bus stops, and become more efficient. It may also allow us to reduce the number of buses in service, thereby freeing up funds for instructional purposes.

I ask that you register for transportation services for 2017-2018 no later than June 1, 2017. You may register for transportation services on-line at www.chariho.k12.ri.us or you may complete the form printed on the back of this letter and return it to the principal of your child's school. This process applies to all students attending Chariho schools, as well as those who attend private schools in Charlestown, Richmond, or Hopkinton, but does not apply to use of late buses from the Chariho campus.

Your decision is not binding. If circumstances change and your child either needs or does not need transportation services, you may submit a revised form at any time. For new services, we will need at least four school days to make the necessary arrangements. In the event that you register for services and your child does not use those services for ten consecutive days without a reasonable explanation to Ocean State Transit (552-7610), our transportation provider, services will be discontinued. The principal of your child's school will be authorized to issue an emergency transportation pass, good for one school day to an existing stop, when space is available on the bus.

Our Transportation Policy is available at <https://www.chariho.k12.ri.us/policy>. Feel free to contact Interim Director of Administration and Finance Susan Rogers at susan.rogers@chariho.k12.ri.us or at 364-3260 if you have questions about our new transportation registration system. Thank you, in advance, for your support of a more efficient student transportation system.

Sincerely,



Barry J. Ricci
Superintendent of Schools

P.S. In anticipation of questions about the student identification number, you may find it on the report card or on PowerSchool. Your child also uses it to purchase lunch. If you need assistance, please call your child's school.

The Chariho Regional School District does not discriminate on the basis of age, gender, marital status, race, religion, national origin, color, creed, political affiliation, sexual orientation, or handicap in accordance with applicable law.

Telephone: (401) 364-7575, Fax: (401) 415-6076 Voice/TDD: (401) 364-1171

**CHARIHO REGIONAL SCHOOL DISTRICT
2017-2018 SCHOOL YEAR TRANSPORTATION REGISTRATION FORM**

**PLEASE COMPLETE THE TOP SECTION OF THIS FORM ONLY IF YOUR CHILD(REN) NEED TRANSPORTATION SERVICES FOR THE 2017-2018 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"/>

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: _____