

EAST HADDAM ELEMENTARY SCHOOL

REQUEST FOR BUS CHANGE -- KINDERGARTEN THRU THIRD GRADE

Date: _____

To: The Principal

Re: **A.M. (Morning)** request for alternative student transportation is to apply five days a week and can be changed (other than to home) only once and only as established transportation routes and seating are available.

Name of child/children _____ Grade _____ Teacher _____
_____ Grade _____ Teacher _____

Home address: (include house #) _____

Bus Change: Day Care Provider _____ Telephone # _____

Day care provider's address (include house #) _____

Reason for request _____

Date of route change _____ Request approved _____ Request denied _____

I further attest that the location is not within the established walking distance to the school for the grade level of the children listed.

Parent signature _____ Date: _____

Re: **P.M. (afternoon)** request for alternative student transportation is to apply five days a week and can be changed (other than to home) only once and only as established transportation routes and seating are available.

Name of child/children _____ Grade _____ Teacher _____
_____ Grade _____ Teacher _____

Home address (include house #) _____

Bus Change: Day Care Provider _____ Telephone # _____

Day Care Provider's address (include house #) _____

Reason for request _____

Date of route change _____ Request approved _____ Request denied _____

I further attest that the location is not within the established walking distance to the school for the grade level of the children listed.

Parent signature _____ Date _____

Board approved walking distance: Grades K thru 4th up to 1 mile
Grades 5th thru 8th up to 1.5 miles
Grades 9th thru 12th up to 2 miles