

To: Parents of Private School Students

From: Raquelle Pellerin
Director of Administration & Finance

RE: Transportation for 2019-2020 school year

Enclosed is a form to request transportation for students who attend private schools and reside within the Bristol Warren Regional School District. Please complete one form for each student in your home and return to your school by **Monday July 22, 2019**. Any completed forms not returned by the due date needs to be mailed to the Bristol Warren Regional School District, Transportation Department, 151 State Street, Bristol, RI 02809 by August 6, 2019. Forms **should not** be returned to the bus company.

Returning this form by the due date will guarantee your child a seat on a bus; otherwise, we will assume that you are providing your own transportation or that your child is a walker. We are asking for this information at this time in order to plan our routes for the coming school year as soon as possible. Due to the statewide take over and budget cuts, many stops will be consolidated. By getting an early start, we are hoping to avoid any last minute changes and route upheavals.

We appreciate your taking the time to complete this form and return it to your school by the July 22, 2019 due date. We are hoping to have routes in place by August 17th. The routes will be published in the local newspapers shortly after that date.

Thank you for your time and attention to this matter. Please feel free to contact Eileen at 401-253-4000 Ext. 5122 with any questions.

PAS/tm

BRISTOL WARREN REGIONAL SCHOOL DISTRICT

Private School Transportation Request Form

Raquelle Pellerin
Director of Administration
Bristol Warren Regional School District
Transportation Dept.
151 State Street
Bristol, RI 02809

Dear Mrs. Pellerin:

I am requesting transportation for my son/daughter _____
to attend _____ School for the 2019-2020 school
year. He/she will be entering grade _____. My child's date of birth is _____.
Our home address is _____.
Our home telephone number is _____, and in case of emergency,
please contact _____ at phone number _____.

_____ I will drive my child to school – I will not need transportation (AM)

_____ I will pick up my child after school – I will not need transportation (PM)

_____ I will need transportation for (please check): _____ a.m. and/or _____ p.m.

I understand that requests may not be processed until two (2) weeks after the opening of school so as to permit evaluation of schedules and bus loads.

Parent/Guardian Signature

Date