

All-Star Transportation/Newtown Public Schools

Transportation Information

Dear Parents and Guardians,

The following form is to be completed if you would like to request an alternate stop, transportation to Childcare, or request a change to your primary stop location.

The form is designed to gather information as it relates to school bus transportation for the 2016-17 school year. This form must be filled out **every year**, even if your *childcare arrangements will remain the same*. Approvals will be given provided seats are available on the bus route involved. Please keep in mind that...**CHANGES TO SCHOOL BUS TRANSPORTATION CANNOT OCCUR OUTSIDE OF YOUR ELEMENTARY SCHOOL DISTRICT**. Requests processed and approved after August 15th, will not be implemented until after September 15, 2016.

This form should be completed and returned to your child's school, at your earliest convenience. If you have any questions concerning this form, please feel free to contact our office!

Ph. - 203-304-9778

alan.colangelo@all-startransportation.com

Please keep a copy for your records!

All-Star Transportation/Newtown Public Schools

Transportation Information

PLEASE SUBMIT TO YOUR CHILD'S SCHOOL

Please complete this form if you would like your child to go to any address *other* than your home address.

School Name: _____

Student's Name: _____ Grade: _____

Home Address: _____

Parent/Guardian Name: _____

Home Phone: () _____ Cell Phone: () _____

Work Phone: () _____

MORNING BUS

Please pick-up my child/children at the following location (Mon – Fri):

Address: _____

Phone: () _____

AFTERNOON BUS

Please drop-off my child/children at the following location (Mon – Fri):

Address: _____

Phone: () _____



Newtown Public Schools Bus Drop-Off Waiver

2016 – 2017

Please be advised that my child has my permission to be dropped off by the school bus at his/her regular bus stop without a parent, known adult or older sibling present to meet him/her.

Please note that this waiver is for students in grades 1 – 4. NO Kindergarten student will be allowed to disembark without an adult present.

Child's name (please print clearly): _____

School: _____

Grade: _____

Teacher: _____

Bus No.: _____

This waiver is valid until the end of the 2016 – 2017 school year or until rescinded in writing by the parent.

Parent Signature

Date

RETURN TO YOUR CHILD'S SCHOOL OFFICE