

WATERTOWN BOARD OF EDUCATION
Request for Change in Normal Bus Transportation
2010 - 2011

Name of Child _____

School _____ Grade _____

Name of Parent(s) _____

Legal Residence _____

Telephone Number _____

I hereby request transportation of my child to and/or from the following address:

_____. The person responsible at this address is: _____,

telephone # _____. Effective _____ my child requires this transportation
(date)

for the following:

Pick-up A.M. ____ Yes ____ No / P.M. (Kdg. only) ____ Yes ____ No

Return ____ Yes ____ No

This person will assume responsibility for my child before pick-up, after drop-off or at both times and the Watertown Board of Education will be held harmless with no responsibility for my child before picking up or after returning to the above location. The person listed shall be responsible for proper supervision of my child and absence of such supervision rests entirely with the parents and the person designated above.

Signature of Parent

Date

Return this form to the Office of Business Manager
10 DeForest Street
Watertown, CT 06795

To be completed by Director of Operations: _____ Approved _____ Denied

Bus # _____ Approximate Time -- Pick-up _____
Return _____