

EAST PROVIDENCE SCHOOL DEPARTMENT
1998 Pawtucket Ave., East Providence, R.I. 02914
TELEPHONE: 401-270-8232 FAX: 401-919-5912

TRANSPORTATION APPEAL FORM FOR SCHOOL YEAR 2024-25

STUDENT NAME: _____ GRADE: ___ SCHOOL: _____

STUDENT ADDRESS: _____ TELEPHONE: _____

EMAIL Address: _____

I UNDERSTAND and AGREE to the FOLLOWING:

- Transportation will be taken every day from the same bus stop; no changes will be granted.
- An Appeal is to grant transport upon availability;
- Bus Stops are developed based on the number of students and mileage restriction set forth by the EP School Committee. Stops inside the mileage restriction will not be granted;
- Appeal forms, along with proof of residency, must be filed with the EP School Transportation Dept – ANNUALLY;
- All Students are expected to follow the Bus Code of Discipline, at all times, or their appeal will be revoked;
- Parents are responsible for transportation up until appeal is granted; and
- Parents/Guardians are responsible for children's safety to and from the bus. NOTE: Students grades K-2 must be picked up and dropped off by an authorized adult.

Purpose of the Appeal: Transportation is needed: AM ___ PM ___ AM/PM ___
(Complete this Section)

Parent/Guardian _____

Please Print

Parent/Guardian Signature _____ Date _____

Proof of Residency _____ Please include a copy of a current utility bill.

Transportation use only:

Approved: _____ Denied: _____ Start Date _____

Bus # _____ Pick-Up Time: _____ Stop: _____

Bus# _____ Return Time: _____ Stop: _____