

**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 2026-27**

STUDENT NAME: \_\_\_\_\_

GRADE: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

STUDENT ADDRESS: \_\_\_\_\_

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: \_\_\_\_\_

**Proof of Residency required:**

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**Transportation use only:**

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Start Date \_\_\_\_\_

Bus # \_\_\_\_\_ Pick-Up Time: \_\_\_\_\_ Stop: \_\_\_\_\_

Bus# \_\_\_\_\_ Return Time: \_\_\_\_\_ Stop: \_\_\_\_\_

