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__**

_____
_____
_____
_____

Parent/Guardian Signature: _____

Proof of Residency required:

_____

Transportation use only:

Approved: _____ Denied: _____ Start Date_____

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

Bus# ___ Return Time: _____ Stop: _____