

JORGE O. ELORZA
Mayor

CHRISTOPHER N. MAHER
Superintendent



Providence Public School District
Transportation Office
379 Washington Street
Providence, RI 02903
tel. 401.456-9269
fax 401. 456-9314
www.providenceschools.org

Transportation Request form for the Fall of 2017 for Private, Parochial & Charter Schools

The Providence School Board Policy is as follows: Assistance in transportation shall be provided to (1) elementary students who live more than **one mile** from the school to which they are assigned; (2) middle school students who live more than **one and one half miles** from the school to which they are assigned; (3) high school students who live more than **two miles** from the school to which they are assigned.

Transportation Department will adhere to this policy. Every parent who request transportation MUST complete the following request by June 09, 2017.

STUDENT INFORMATION

Student's ID#: _____ Birthdate: _____

Last Name: _____ First Name: _____

Home Address

House #: _____ Street: _____ Apt #: _____ Zip Code: _____

Parent/Guardian Name: _____ Home#: _____ Cell #: _____

SCHOOL INFORMATION

Grade: _____ School Name: _____ City: _____

The Providence School District requires that students requesting transportation to Private, Parochial & Charter Schools **register each year for this service. This form must be returned no later than 6/09/2017.**

Fax: 456-9314

Email: Regina.Jarrett@ppsd.org

Or mail to:

PPSD Transportation Office

379 Washington Street

Providence, RI 02903

Attention: Regina Jarrett

We will forward this information to Statewide/Transportation services if the student will be attending an Out of District School. Please contact them with any inquiries: (401) 222-4273.

NO TRANSPORTATION ARRANGEMENTS WILL BE MADE UNTIL

THIS FORM HAS BEEN COMPLETED AND RETURNED.