

**EAST PROVIDENCE SCHOOL DEPARTMENT – TRANSPORTATION**

1998 Pawtucket Avenue - Door 2

EAST PROVIDENCE, R.I. 02914

TELEPHONE: 401-270-8232 FAX: 401-919-5912

**TRANSPORTATION REQUEST FORM**

**PRIVATE/PAROCHIAL**

**SCHOOL YEAR 2022-23**

**Student Information**

Name of School \_\_\_\_\_ Grade \_\_\_\_\_

Student Name \_\_\_\_\_

Address \_\_\_\_\_

Street Address \_\_\_\_\_ Apt./Unit # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone # \_\_\_\_\_ Emergency # \_\_\_\_\_

Telephone # \_\_\_\_\_ Email Address: \_\_\_\_\_

Bus Requested for: AM \_\_\_\_\_ PM \_\_\_\_\_ Both \_\_\_\_\_

Days Attending: Monday - Friday \_\_\_\_\_ or Individual Days: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

This completed form and Proof of Residence should be sent to: [dclarkin@epschoolsri.com](mailto:dclarkin@epschoolsri.com)

**For Office Use Only**

Proof of Residence Provided: Lease \_\_\_\_\_ Mortgage Statement \_\_\_\_\_ EP Property Tax Bill \_\_\_\_\_

AM Bus \_\_\_\_\_ AM Time \_\_\_\_\_ Stop \_\_\_\_\_

PM Bus \_\_\_\_\_ PM Time \_\_\_\_\_ Stop \_\_\_\_\_

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Reason for Denial \_\_\_\_\_