

EAST PROVIDENCE SCHOOL DEPARTMENT  
145 TAUNTON AVENUE, EAST PROVIDENCE, R.I. 02914  
TELEPHONE: 431-4632 FAX: 572-3875

**Boys and Girls Club**  
**BEFORE and AFTER SCHOOL DAYCARE**  
**TRANSPORTATION APPEAL FORM FOR SCHOOL YEAR 2018-19**

(PLEASE PRINT)  
STUDENT NAME \_\_\_\_\_ GRADE \_\_\_\_\_ SCHOOL \_\_\_\_\_

STUDENT ADDRESS \_\_\_\_\_ TELEPHONE \_\_\_\_\_

I would like to request transportation for my child as follows: (please check):

To school (a.m.) \_\_\_\_\_ From school (p.m.) \_\_\_\_\_

**Parents are responsible for notifying the Transportation Dept (401-431-4632), of any changes, but are expected to adhere to the Monday – Friday schedule.**

**Please understand the strict policy of an appeal is to grant transportation upon availability. Students who are not eligible for transportation may be approved providing there is room available on bus route. Students are expected to follow the bus conduct rules and regulations at all times, or Appeal will be revoked.**

**You will be notified by telephone if your appeal has been granted or denied. Appeal forms must be completed and filed with the Transportation Office on an annual basis and must be accompanied with your proof of residence.**

Name of  
Parent/Guardian \_\_\_\_\_

Please Print

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

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Transportation use only:

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

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

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