PRIVATE/PAROCHIAL TRANSPORTATION REQUEST FORM
2010-2011

DATE: _____

Private/Parochial Transportation
Transportation Department
Boston School Department
26 Court Street, 4th Floor
Boston, MA 02108
Fax – 617-635-9541

I believe that the student named below is eligible for school bus service provided by the Boston Public Schools. A student is eligible for school bus service if:

- He/she is a resident of Boston,
- Lives more than on miles from his/her school
- Is enrolled in grades K-5 (student must be five years of age by September 1, 2010).
- Resides in the same BPS school zone as his/her school is located.

If assigned to a school bus, I understand that my child may travel up to ninety minutes each way to and from school. I also understand that my child may be dropped off at the bus stop in the absence of a parent or guardian. Sixth through twelfth grade students residing over two miles from their school are eligible for an MBTA pass. Transportation services for Private and Parochial school students are subject to the availability of the Boston Public Schools bus fleet. In accordance with the above, this letter is a formal request that the Boston Public Schools provide transportation service for my child.

_____
Child's Last Name, First Name Date of Birth

_____
Street Number – Street Name

_____
Neighborhood – Zip Code

_____ _____ _____
Home Phone Emergency Phone Emergency Contact Name

_____ _____
School Name Grade

Signature of Parent/Guardian: _____

Private School Administrator Use

I verify, to the best of my ability, that the above information is accurate.

Signature of School Administrator

RMU/Transportation Use

School Code _____ Student Number _____ Geocode _____

This form must be brought to school for signature. Thank you