

PRIVATE/PAROCHIAL TRANSPORTATION REQUEST FORM 2009-2010

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,
- Is enrolled in grades K-5

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 _____ Geo code _____