

WEST HARTFORD PUBLIC SCHOOLS

Transportation Department
50 South Main Street
West Hartford, CT 06107
Fax Form to: 860-561-6929

2016 – 2017 Daycare Transportation Request

My child(ren) _____ who resides at
First Name Last Name

Street Address in West Hartford

will be receiving daycare from the provider listed below during the **2016 - 2017** school year. The provider is located within the school district my child(ren) attend and they will go to this address **5 days a week.**

I am requesting transportation to and/or from _____ School as indicated below:

Daycare Provider's Name _____

Address _____

Telephone # _____

TO & FROM SCHOOL () TO SCHOOL ONLY () FROM SCHOOL ONLY ()

During the school day, I can be reached at _____
Telephone Number

****I understand that transportation arrangements must be made each school year. I also understand that the stop will not necessarily be at the daycare location but at a central stop.**

PARENT/GUARDIAN SIGNATURE

DATE

Do not write below this line.....

RETURN TO: TRANSPORTATION OFFICE
WEST HARTFORD PUBLIC SCHOOLS
50 SOUTH MAIN STREET/ROOM 130
WEST HARTFORD, CT 06107

Fax Number: 561-6929

Student is assigned to ride Bus _____ as of _____