

**South Kingstown School Department Request for Transportation  
(School Year 2006/2007)**

**School: Kingston Hill Academy**

Student's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Grade: \_\_\_\_\_

In case of an emergency, or if parent listed above cannot be contacted, please contact  
\_\_\_\_\_ at phone number \_\_\_\_\_.

The South Kingstown School Department will transport your child to or from any bus stop location within the boundaries of the school your child attends. The only requirement is that your child be picked up at the same location and be transported to the same location everyday.

I understand that requests received after July 15,2006, may not be processed until (2) weeks after the start of school so as to permit evaluation of schedules and busloads.

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Date: \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_

For Dattco Use:

Completed By:			
Bus #:	Time:	AM	PM
Comments:			