

JOHNSTON PRIVATE SCHOOLS

STUDENT TRANSPORTATION CHANGE ♦ REQUEST FORM

Date: _____ Form Completed by: _____
(SCHOOL EMPLOYEE must sign form for processing)

School CLERK must FAX THIS FORM TO 401-944-9988, FIRST STUDENT

NOTE: This form is to be used for all changes relating to student transportation.
Return this form to the Johnston Public Schools - Transportation Department.
A minimum of five (5) working days is required for information to be processed.

- **Adding a student:** Complete Sections A, B & C in their entirety.
- **Deleting a student:** Complete only Section A.
- **Information change:** Complete both Section A & B.

Add a Student

Delete a Student

Change Information

SECTION A

Student Information

Last Name: _____

First Name: _____

Middle: _____

Address: _____

Johnston, RI 02919

School: _____

Grade: _____

LASID # _____

Please enter this number for any student registered in ASPEN.

SECTION B

Transportation Information

Pickup Location (if different from home address) _____

Contact: _____

Name of Day Care (if applicable)

Drop Off Location (if different from home address) _____

Contact: _____

Name of Day Care (if applicable)

Special Equipment/Personnel (i.e. Nurse Aide/Equipment) Needs: _____

SECTION C

Other Information

Parent/Guardian's Name: _____

Students DOB: _____

Requested by: _____

Relationship to student: _____

(person requesting change)

Home Phone: _____

Alternate Phone Number: _____

Emergency Contact: _____

Phone Number: _____

Transportation Contractor:

Action Taken: _____ Bus # Pick Up: _____ Bus # Drop Off: _____ Bus Time: _____

Bus Stop Location: _____