

**SPECIAL TRANSPORTATION REQUEST-PRESCHOOL**

Birch Grove Primary School  
247 Rhodes Road  
Tolland, CT 06084  
(860) 870-6750  
Fax: (860) 870-6754

\_\_\_\_\_

Name of Student: \_\_\_\_\_ Grade in '20 -'21: \_\_\_\_\_

Parent or Guardian Name(s): \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Cell Phone: (1) \_\_\_\_\_ (2) \_\_\_\_\_

Teacher \_\_\_\_\_

Daycare Name (if applicable): \_\_\_\_\_

Daycare Address: \_\_\_\_\_

Daycare Telephone: \_\_\_\_\_

**Preschool**

**Please circle the days transportation is required**

\_\_\_\_\_ a.m. session to school M T W Th F  
\_\_\_\_\_ a.m. session dismissal M T W Th F  
\_\_\_\_\_ p.m. session to school M T W Th F  
\_\_\_\_\_ p.m. session dismissal M T W Th F

From: \_\_\_\_\_  
To: \_\_\_\_\_  
From: \_\_\_\_\_  
To: \_\_\_\_\_

Student's weight - \_\_\_\_\_

5 point harness required - Yes \_\_\_ No \_\_\_ (please check one)

**COMMENTS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

*Office use only*

Date received: \_\_\_\_\_ Bus Company Notified: Mail \_\_\_\_\_ Fax \_\_\_\_\_