

# WATERTOWN BOARD OF EDUCATION

## Request for Change in Normal Bus Transportation

2023-2024

### Name of Child

School

Name of Parent(s)

Legal Residence

Telephone Number

Grade

I hereby request transportation of my child to and /or  
from the following address

The person responsible at this address is

Telephone Number

My child requires this transportation starting:

PICK UP - A.M.

YES

NO

RETURN - P.M.

YES

NO

*This person will assume responsibility for my child before pick-up and after drop-off or at both times and the Watertown Board of Education will be held harmless with no responsibility for my child before picking up or after returning to the above location. The person listed shall be responsible for proper supervision of my child and absence of such supervision rests entirely with the parents and the person designated above*

Signature of Parent

Date

EMAILED TO BUS COMPANY

DATE

TIME

TO BE COMPLETED BY BUS COMPANY

APPROVED

DECLINED

BUS #

PICK UP TIME

RETURN TIME

STOP IS AT

CONTACTED PARENT

NAME

DATE

TIME

SCHOOL

DATE

TIME

NOTIFIED SCHOOL