



REQUEST FROM THE
TRANSPORTATION OFFICE

pereil@danbury.k12.ct.us

Fax: 203-830-6562

Complete this form, **ONLY IF** you require transportation to or from a location **OTHER THAN HOME ADDRESS**. All others will be transported to and from the home address.

Any pick up or drop off address must be within your school
REGULAR ATTENDANCE AREA and be on a 5-day per week basis.

Child's Name

Grade

School

Home Address

Note: Please return this form to the school Secretary or transportation Coordinator, in order for the Transportation Office to make seating available for your child. **This request needs to be renewed every year.*

PICK UP IN A.M. (If address is OTHER THAN home)

Address

Name/Phone Number of Child Care Provider

DROP OFF IN P.M. (If address is OTHER THAN home)

Address

Name/Phone Number of Child Care Provider

Date submitted: _____