

**REQUEST FOR SPECIAL PUPIL TRANSPORTATION TO/FROM A BABY SITTER
OR DAY CARE CENTER**

(Requests will be granted on a space available basis.)

DATE: _____ For School Year: 20_____ to 20_____

**TO: Vernon Board of Education/Pupil Transportation Department
30 Park Street, P.O. Box 600
Vernon, CT 06066
Fax 860-870-6008**

1.0 Parent's or Guardian's Name: _____
Work/Day Time Phone: _____
Parent or Guardian Home Telephone Number: _____

2.0 Pupil's Name: _____
Grade: _____ Kindergarten: AM or PM (*Circle One*)

3.0 Home Address: _____

4.0 Regular Status: (*Circle One*) Walker Bus Student Bus Number
School: _____

5.0 Special Transportation Request:
5.1 Baby Sitter/Day Care: _____
Address: _____

My child will be picked up at (*circle one*) to be transported to school:
Home Address (Item 3.0) Baby Sitter/Day Care Center (Item 5.1)

After school my child will need transportation to: (*circle one*)
Home Address (Item 3.0) Baby Sitter/Day Care Center (Item 5.1)

5.2 Period of Time Service Requested (Dates):
Beginning: _____ Ending: _____

6.0 Please note that the terms and conditions as listed in the attached "Vernon Board of Education Day Care Policy" Section 3541.7 are incorporated into the approval of granting of this special transportation.

7.0 Parents and/or Guardians must sign below that:
"We/I understand that my child/children may be removed from the bus to/from the baby sitter or day care center if this bus becomes overcrowded by pupils whose home address is served by this bus."

By: _____
Signature Parent/Guardian Signature Parent/Guardian
Date Signed: _____

8.0 Permission Denied By: _____
Signature School Official Date

9.0 Permission Granted By: _____
Signature School Official Date

9.1 Your child/children will ride Bus # _____ to school.
9.2 Your child/children will ride Bus # _____ from school to address designated above.
9.3 Services will become effective on: _____
Date

c: Central Office, School Principal, Bus Company

Revised 2/12/2010