EAST HADDAM PUBLIC SCHOOLS – TRANSPORTATION FORM

Student District ID#					Date Completed: /
CHECK ONE: [] New Student		[] CI	nange Request- curre	ntly enrolle	
SCHOOL: []Grade K-3 Elementary	[]Grade 4-5 Middle	e []Grade 6-8 Middle	[]Grade 9-12 High School
Student's Last Name:	First Name:			Grade:	
Student's Street Address:			Town:	Is	this a new address? [] yes [] no
Please name all siblings/grades: (complete sepa	rate forms for each stu	udent)			
CONTACT INFORMATION (Living in address lister	d above):				
Parent/Guardian Living with Student #1: Last Na	me:	Fi	rst Name:	Ве	est Number:
Parent/Guardian Living with Student #2: Last Na	me:	Fi	rst Name:	Be	est Number:
JOINT CUSTODY:					
Parent/Guardian, Joint Custody #1: Last Name: _		First Name	۵۰	Rest Num	her:
Street Address: Town: Town: *For transportation, joint custody homes must reside in the East Haddam/Moodus District (NO P.O. Boxes)					
	-		,		
DAYS NEEDING TRANSPORTION TO THIS HOME: MONDAY TUESDAY	(Circle all that apply) WEDNESDAY	THURSD	AY FRIDA	ΔY	
·	AM PM	AM PI	•		
DAYCARE: (check one) [] Kindercard		-] Little Village	[] Priva	te Daycare (complete information below)
**All daycare transportation is provided on a five day (check one) [] AM Pick up only [] PM dr	• •	-	and Drop Off		
Private Daycare Primary Contact: Last Name:	, , , , ,	First Name	· e:	Best Num	ber:
Street Address: Town: Town: *For transportation, private daycare homes must reside in the East Haddam/Moodus District (NO P.O. Boxes)					
COPIES: 1- STUDENT RECORD 2-DATTC	O 3-EVERBRIDGE	BUS # Res	idence: am pn	n E	BUS # Other: am pm rev. 8/17