Manchester Public Schools
Telephone: 860-647-3476
Fax: 860-647-5027
E-Mail: dlevesque@manchesterct.gov

Outlined Fields are Required Fields

Transportation Request Form

Reg. Ed. ☐ Sp. Ed ☐

New Student ☐ DCF Placement ☐ Cancellation ☐ Address Change ☐ Homeless ☐

Current School Year ☐ Summer ☐ Next School Year ☐ Medical/504 ☐ Updated Info ☐

Student Name: _____ Student ID: _____ DOB: _____

School Attending: _____ Grade: _____ Hours/Days: _____

Parent(s): _____

Home Address: _____ Zip Code: _____

Home Phone: _____ Work/Cell Phone: _____

Pick-Up/Drop-Off Address: _____

Is this a Day Care Address? Yes☐ No☐ Phone #:_____

Emergency Contact Name: _____ Phone #: _____

Serious Allergies/Medical Conditions: _____

_____

Special Equipment Needed? _____

Start Date: _____ End Date: _____

Today's Date: _____ Submitted By: _____

PLEASE DO NOT WRITE BELOW – FOR TRANSPORTATION OFFICE USE ONLY

Vendor Confirmation

Name of Vendor: _____ Effective Date: _____

Vehicle to School: _____ Vehicle Home: _____

Stop: _____ Stop: _____

Pick-Up Time: _____ Drop-Off Time: _____

Comments: