

**SPECIAL TRANSPORTATION REQUEST FOR 2017-18**

**Must be completed and returned no later than July 1, 2017:**

**Birch Grove Primary School**  
247 Rhodes Road  
Tolland, CT 06084  
(860) 870-6750  
Fax: (860) 870-6754

**Tolland Intermediate School**  
96 Old Post Road  
Tolland, CT 06084  
(860) 870-6885  
Fax: (860) 872-7126

**Tolland Middle School**  
One Falcon Way  
Tolland, CT 06084  
(860) 870-6860  
Fax: (860) 870-5737

**SUBMIT THIS FORM IF YOUR CHILD IS  
GOING TO/FROM A BABYSITTER OR DAYCARE ADDRESS.  
DO NOT SUBMIT IF YOUR CHILD IS BEING TRANSPORTED TO/FROM HOME.**

Name of Student: \_\_\_\_\_ Grade in 2017-18: \_\_\_\_\_

Parent or Guardian's Name: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

**Special Transportation Request:**

Name of Daycare Provider: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Special Transportation is requested for (Please mark all that apply: Note grade level breakdown and circle day of week for daycare/babysitter):**

**KINDERGARTEN-GRADE 2**

\_\_\_\_\_ a.m. M T W Th F

\_\_\_\_\_ p.m. M T W Th F

**GRADES 3-8**

\_\_\_\_\_ a.m. M T W Th F

\_\_\_\_\_ p.m. M T W Th F

**COMMENTS:**

\_\_\_\_\_  
\_\_\_\_\_

Start Date: \_\_\_\_\_ (MUST ALLOW 3 DAYS FOR PROCESSING)

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

office use only: date received: \_\_\_\_\_

You will not be contacted if your request is approved. If your request does not meet these guidelines, you will be notified by the transportation secretary of your child's school. Please do not contact First Student.