

**EXETER WEST GREENWICH**  
**SCHOOL BUS FORM**  
**OUT OF DISTRICT TRANSPORTATION**  
401-397-7415 / Fax 401-392-0518

Today's Date: \_\_\_\_\_

School Attending: \_\_\_\_\_

School Year: \_\_\_\_\_

**Please complete section A. If applicable complete sections B & C.**

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Current / Home Address

City: \_\_\_\_\_ State: **R.I.** Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Requested Effective Date: \_\_\_\_\_ Please Allow 3 Business Days

Daycare Provider's Name: \_\_\_\_\_

Daycare Address: \_\_\_\_\_

City: \_\_\_\_\_ State: **R.I.** Zip Code: \_\_\_\_\_

(Please Check Below Which One Will Apply)

Daycare Phone: \_\_\_\_\_  Before School  After School  Both

Please Allow 3 Business Days

Parent / Guardian: \_\_\_\_\_

Joint Custody Address: \_\_\_\_\_

City: \_\_\_\_\_ State: **R.I.** Zip Code: \_\_\_\_\_

Joint Custody Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

(Please Check Which Days & Times Apply At The Joint Custody Address)

Mon  Tue  Wed  Thu  Fri  
 AM  PM  AM  PM  AM  PM  AM  PM

Please Allow 3 Business Days

**For Bus Company Completion** Effective Date: \_\_\_\_\_

A.M. Bus: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

P.M. Bus: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_