

**SOUTH WINDSOR HIGH SCHOOL**

***GUIDANCE DEPARTMENT***

161 Nevers Rd  
South Windsor, CT 06074  
Telephone 860-648-5003  
Fax 860-648-5088

**SPECIAL TRANSPORTATION REQUEST**

**COMPLETE THIS FORM IF TRANSPORTATION IS NEEDED TO/FROM AN ADDRESS IN ADDITION TO THE PRIMARY RESIDENCE (e.g. Joint Custody)  
COMPLETE THIS FORM IF YOUR CHILD DOES NOT REQUIRE TRANSPORTATION**

**PLEASE NOTE:** These forms are not carried over from year to year and **MUST** be completed annually. A moratorium will be in effect beginning on August 31<sup>ST</sup> and ending on September 15<sup>TH</sup>. No requests will be processed during this time.

PLEASE COMPLETE THE INFORMATION LISTED BELOW AND RETURN THIS FORM TO THE SOUTH WINDSOR HIGH SCHOOL GUIDANCE OFFICE

Student: \_\_\_\_\_ Grade in 2020-21: \_\_\_\_\_

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

Primary Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

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

**Special Transportation Request:**  AM ONLY  PM ONLY  AM & PM

**Parent Transport:**  AM ONLY  PM ONLY  AM & PM

Start Date: \_\_\_\_\_ (must allow up to 5 business days for processing)

Contact Name: \_\_\_\_\_

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

Other Information or Comments: \_\_\_\_\_

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

\_\_\_\_\_  
*Parent Signature*

\_\_\_\_\_  
*Date*