

TIMOTHY EDWARDS MIDDLE SCHOOL
GUIDANCE DEPARTMENT
100 Arnold Way
South Windsor, CT 06074
Telephone 860-648-5033
Fax 860-474-1522

SPECIAL TRANSPORTATION REQUEST

**COMPLETE THIS FORM IF YOUR CHILD REQUIRES TRANSPORTATION
TO/FROM A DAYCARE OR IF TRANSPORTATION IS REQUIRED 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 31ST and ending on September 15TH. No requests will be processed during this time.

PLEASE COMPLETE THE INFORMATION LISTED BELOW AND RETURN THIS FORM
TO THE TIMOTHY EDWARDS 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)

Name: _____

Address: _____ Phone: _____

Other Information or Comments: _____

Parent Signature

Date