

**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)**

**PLEASE NOTE:** These forms are not carried over from year to year and **MUST** be completed annually. A moratorium will be in effect beginning one week before the start of school and ending one week after the start of school; no requests will be processed during that time.

PLEASE COMPLETE THE INFORMATION LISTED BELOW AND RETURN THIS FORM TO THE TIMOTHY EDWARDS GUIDANCE OFFICE.

Student: \_\_\_\_\_ Grade in 2016-17: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

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

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

Start Date: \_\_\_\_\_ (must allow up to 3 school days for processing)

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

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

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

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

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

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