

HALL MEMORIAL SCHOOL

111 River Road, Willington, CT 06279

Phone: 860.429.9391 Fax: 860.429.5682

Deborah L. Sullivan
Principal
dsullivan@willingtonct.org

Bus Transportation Request

Name of child

Home street address

Name of person making request

A.M. Daycare name and street address

and / or

Phone number(s) of person making request

P.M. Daycare name and street address

Dates request will be in effect

I request the above transportation change for my child. I understand that this change is contingent upon available space and scheduling.

Signature of person making request

Date

FOR OFFICE USE ONLY

Date received: _____

By: _____

Approved: Yes [] No []

Date copy to bus coordinator: _____