

OXFORD PUBLIC SCHOOLS

NEW TRANSPORTATION OR EXISTING TRANSPORTATION CHANGE REQUEST FORM

This form is to be used for requesting new student transportation as well as changes to existing transportation. Please complete this form and forward it to the student's school secretary for processing. Please allow a minimum of three (3) working days for processing and a bus to be assigned or changes to an existing bus route made.

SCHOOL BUS DISTANCE POLICY - The School Committee will provide bus transportation for students as follows:

Kindergarten & Grade 1: All students, except those living in the immediate proximity to the Chaffee Elementary School, as determined by the Superintendent of Schools.

Grades 2-4: Students living more than one (1) mile from the Barton Elementary School.

Grades 5-7: Students living more than one and one-half (1½) miles from the Oxford Middle School.

Grades 8-12: Students living more than two (2) miles from the Oxford High School.

(Exceptions to these guidelines may be made at the discretion of the Superintendent. This will apply particularly to any student who must travel in a hazardous area to/from school; these students may be transported regardless of the mileage limit listed.)

To be completed by Parent/Guardian:

Check One: Add New Student Delete Student Change Bus Stop Request Change for Safety

Student Name: Last: _____ First: _____ Middle: _____

Home Address: _____

School Year: _____ Grade: _____ School: Chaffee Barton OMS COFFEE OHS

Parent/Guardian's Name: _____

Telephone: _____ Email: _____

(Change of Bus Stop: If you are requesting that your child be picked up and/or dropped off at a location different from the home address, the alternate location must be "a single alternate stop on a long-term and consistent daily basis.")

Address to be transported FROM (AM): _____

Address to be transported TO (PM): _____

Explain Reason for Bus Change or Safety Request: _____

SCHOOL DEPARTMENT OFFICE USE ONLY

Receipt by District: Chaffee Barton OMS COFFEE OHS Registrar Date: ___/___/___

Student SASID # _____

If Request is due to a safety concern:

Safety Officer: _____ (attach safety assessment) Date: ___/___/___

School Business Administrator: _____ Approved Denied Date: ___/___/___

Forwarded to Durham School Services (scan/email or fax) by: _____ Date: ___/___/___

TRANSPORTATION COMPANY USE ONLY

Action Taken: Bus # Pick-up: _____ Bus # Drop-off: _____ Effective Date: ___/___/___

Bus Stop Location: _____ Parents Notified