

DAVID N. CICILLINE
Mayor

THOMAS M. BRADY
Superintendent



Providence Public School District
Transportation Office
379 Washington Street
Providence, RI 02903-4045
tel. 401.278.0536
fax 401. 456.9314

REQUEST FOR TRANSPORTATION FOR OUT-OF-DISTRICT STUDENTS

Bus Transportation for the Fall of 2010 for Private & Parochial Schools

STUDENT INFORMATION

Student's ID#: _____

Last Name: _____ First Name: _____

Home Address

House #: _____ Street: _____ Apt #: _____ Zip Code: _____

Parent/Guardian Name: _____ Phone #: _____

SCHOOL INFORMATION

Grade: _____ School Name: _____ City: _____

TRANSPORTATION INFORMATION

Requesting Transportation: AM & PM _____ AM Only: _____ PM Only: _____

Pickup Address (If different than Home Address) Type of Address: Childcare: _____ Other: _____

House #: _____ Street: _____ Apt #: _____ Zip Code: _____

The Providence School District requires that students requesting transportation to Private and Parochial Schools **register each year for this service.**

Fax: 456-9314
Email: Janice.Petrarca@ppsd.org
Or mail to:
PPSD Transportation Office
379 Washington Street
Providence, RI 02903
Attention: Janice Petrarca

**NO TRANSPORTATION ARRANGEMENTS WILL BE MADE UNTIL
THIS FORM HAS BEEN COMPLETED AND RETURNED.**