



Office Use Only:
Student ID _____
School: _____
Date Verified: _____

Coventry Public Schools
Student Transportation Request Form

New Student Change Special Needs

Grade _____ School _____ Start date: _____

Student Name _____

Address: _____

Home Phone # _____

1st Contact Name : _____ Relationship: _____

1st Contact Phone: _____

2nd Contact Name: _____ Relationship: _____

2nd Contact Phone: _____

Transportation request Completed by: _____ Date: _____

*Alternate Pickup/Drop off required? Yes Morning Afternoon

Alternate Address: _____

Alternate Address Contact Name : _____

Relationship: _____

Alternate Address Contact Phone # _____