

Darien Public Schools

35 Leroy Avenue, Darien, CT 06820

Phone (203) 656-7465 Fax: (203) 656-3052

kbarbieri@darienps.org

Please complete this entire form, scan and submit to kbarbieri@darienps.org for all transportation requests:

Parents' Name: _____ Student's Name _____

Official Address _____ School Name _____

Home Phone # _____ Current Grade _____

Parents' Cell/Work # _____ Parent email addr _____

Bus #/Current Stop _____

Request: (Choose One) Addition _____ Change _____ Deletion _____

Requested stop _____ as of date: _____

Please explain the reason for the request _____

Signature of Submitter: _____ Date: _____

Requests will be reviewed by Finance/Transportation based on the information submitted in this request (including but not limited to safety, hazards, no sidewalks, traffic speed and volume, width of road, etc.) Preliminary evaluation will be done and a site survey may be completed if warranted. This request will be returned with the decision in writing. Requests are based on safety first. It may take up to 10-14 business days until a decision/change has been made. Thank you!

Pursuant to your request the following change has been made:

Signature: _____ Date: _____