

**FOSTER SCHOOL DISTRICT  
SCHOOL BUS FORM**

**Please check one of the following:**

- |  |  |
|--|--|
| <input type="checkbox"/> New Registration (A)  | <input type="checkbox"/> Withdrawal (A)                        |
| <input type="checkbox"/> Change of Address (A) | <input type="checkbox"/> Transfer for Daycare Purposes (A & B) |
| <input type="checkbox"/> Joint Custody (A & C) | (Daycare needs to be for entire week – 5 days)                 |

**For Joint Custody & Daycare Purposes, this form is only valid for current school year. A new form must be completed before school starts each year.**

**A**

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_  
Current / Home Address

City: \_\_\_\_\_ State: **R.I.** Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Requested Effective Date: \_\_\_\_\_ **Please Allow 3 Business Days**

**B**

Daycare Provider's Name: \_\_\_\_\_

Daycare Address: \_\_\_\_\_

City: \_\_\_\_\_ State: **R.I.** Zip Code: \_\_\_\_\_

(Please Check Below Which One Will Apply)

Daycare Phone: \_\_\_\_\_  Before School  After School  Both

**Please Allow 3 Business Days**

**C**

Parent / Guardian: \_\_\_\_\_

Joint Custody Address: \_\_\_\_\_

City: \_\_\_\_\_ State: **R.I.** Zip Code: \_\_\_\_\_

Joint Custody Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

(Please Check Which Days & Times Apply At The Joint Custody Address)

___ Mon	___ Tue	___ Wed	___ Thu	___ Fri
__AM __PM	__AM __PM	__AM __PM	__AM __PM	__AM __PM

**Please Allow 3 Business Days**

**D**

**For Bus Company Completion**      Effective Date: \_\_\_\_\_

A.M. Bus: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

P.M. Bus: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_