

**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: _____	
<small>Current / Home Address</small>	
City: _____	State: <b>R.I.</b> Zip Code: _____
Phone: _____	Emergency Phone: _____
Requested Effective Date: _____	Please Allow 3 Business Days

**B**

Daycare Provider's Name: _____	
Daycare Address: _____	
City: _____ State: <b>R.I.</b> Zip Code: _____	
<small>(Please Check Below Which One Will Apply)</small>	
Daycare Phone: _____	<input type="checkbox"/> Before School <input type="checkbox"/> After School <input type="checkbox"/> Both
Please Allow 3 Business Days	

**C**

Parent / Guardian: _____				
Joint Custody Address: _____				
City: _____ State: <b>R.I.</b> Zip Code: _____				
Joint Custody Phone: _____ Relationship: _____				
<small>(Please Check Which Days &amp; Times Apply At The Joint Custody Address)</small>				
____ Mon	____ Tue	____ Wed	____ Thu	____ Fri
__AM __PM	__AM __PM	__AM __PM	__AM __PM	__AM __PM
Please Allow 3 Business Days				

**D**

<b>For Bus Company Completion</b>	Effective Date: _____
A.M. Bus: _____	Time: _____ Location: _____
P.M. Bus: _____	Time: _____ Location: _____