

AST PROVIDENCE SCHOOL DEPARTMENT
1998 Pawtucket Ave., East Providence, R.I. 02914
TELEPHONE: 401-270-8232 FAX: 401-919-5912

TRANSPORTATION APPEAL FORM FOR SCHOOL YEAR 2025-26

STUDENT NAME: Zoe Brasil GRADE 11: _____ SCHOOL: **EPHS**

STUDENT ADDRESS: 81 North Broadway, Rumford, RI 02916

TELEPHONE: (401) 516-2302

EMAIL Address:

Jolenebrasil@gmail.com _____

I UNDERSTAND and AGREE to the FOLLOWING:

- Transportation will be taken every day from the same bus stop; no changes will be granted.
- An Appeal is to grant transport upon availability;
- Bus Stops are developed based on the number of students and mileage restriction set forth by the EP School Committee. Stops inside the mileage restriction will not be granted;
- Appeal forms, along with proof of residency, **must be filed** with the EP School Transportation Dept – **ANNUALLY**;
- **All** Students are expected to follow the Bus Code of Discipline, at all times, or their appeal **will be** revoked;
- Parents are responsible for transportation up until appeal is granted; and
- Parents/Guardians are responsible for children's safety to and from the bus. NOTE: Students grades K-2 must be picked up and dropped off by an authorized adult.

Purpose of the Appeal: **Transportation is needed:** AM ____ PM* AM/PM ____
(Complete)

Please Print

Parent/Guardian Jolene Brasil

Signature *Jolene Brasil*

Date 09/05/2025

Proof of Residency _____ Please include a copy of a current utility bill.

Transportation use only:

Approved: _____ Denied: _____ Start Date _____

Bus # ____ Pick-Up Time: _____ Stop: _____

Bus# ____ Return Time: _____ Stop: _____