

EAST BRIDGEWATER PUBLIC SCHOOLS
Request For Transportation Services 2010-11 School Year

1. Name of student: _____
(please print)

School: _____ Grade: _____

2. Name of parent(s): _____

3. Address: _____

4. Contact Numbers: Home: _____ Work: _____ Cell: _____

5. Check here if applying for free transportation. If you need to be considered for a fee waiver, the income eligibility guidelines, applications, and what you need to bring to show proof of income will be available in the main offices of each school as well as on the main page of the school's website, www.ebps.net. **Fee waiver applications must be submitted in person at the Superintendent's Office by July 1, 2010.**

6. If student is a foster child legal documentation must be submitted with your application.

Daycare Request

Address: _____

Day & Times: Please check the box that corresponds to the day and time your student will be going to the daycare address/one daycare address request per student allowed.

Monday	AM	PM	AM & PM
Tuesday	AM	PM	AM & PM
Wednesday	AM	PM	AM & PM
Thursday	AM	PM	AM & PM
Friday	AM	PM	AM & PM

Check or money order must be payable to: Town of East Bridgewater

MAIL TO: East Bridgewater Public Schools
Superintendent's Office/Accounts Payable Dept.
11 Plymouth Street
East Bridgewater, MA 02333

FOR SCHOOL USE ONLY

Date Received _____ ***Received By*** _____

Amount Received _____ ***Check No.*** _____ ***Money Order No.*** _____

Entered _____ ***Bus Pass*** _____ ***Bus Letter*** _____ ***Notify/First Student*** _____