

# HALL MEMORIAL SCHOOL

111 River Road, Willington, CT 06279

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Mary Kay Tshonas  
Principal  
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## **Bus Transportation Request**

\_\_\_\_\_  
Name of child

\_\_\_\_\_  
Home street address

\_\_\_\_\_  
Name of person making request

\_\_\_\_\_  
A.M. Daycare name and street address

**and / or**

\_\_\_\_\_  
Phone number(s) of person making request

\_\_\_\_\_  
P.M. Daycare name and street address

\_\_\_\_\_  
Dates request will be in effect

I request the above transportation change for my child. I understand that this change is contingent upon available space and scheduling.

\_\_\_\_\_  
Signature of person making request

\_\_\_\_\_  
Date

### **FOR OFFICE USE ONLY**

Date received: \_\_\_\_\_

By: \_\_\_\_\_

Approved: Yes [ ☐ ] No [ ☐ ]

Date copy to bus coordinator: \_\_\_\_\_