



TIMES² Academy
50 Fillmore Street
Providence, RI 02908

Bus Request – Second Semester

Please use this form if you need to request school bus transportation to and from school for your child.

Parent/Guardian Name: _____

Current phone number: _____

Student's Name: _____ Grade: _____

Current home address information:

Date of Start? _____

Additional Comments: _____

Parent/Guardian Signature _____ Date _____

Main Office Use ONLY

Date received: _____ Received by: _____

Ocean State Processed date: _____ Effect date: _____

Bus # _____ Pickup _____ Time: _____

Drop-off _____ Time: _____