

OCEAN STATE TRANSIT
45 FAIRGROUNDS RD.
P.O. BOX 350
WEST KINGSTON, RI 02892
(401) 284-3920 FAX (401) 284-3929

Please Check below:

- _____ New Student
- _____ AM Transportation Needed Only
- _____ PM Transportation Needed Only
- _____ (Both AM & PM Transportation Needed)
- _____ Pick Up at Daycare Provider
- _____ Drop-off at Daycare Provider
- _____ Student Exited
- _____ Change of Address (Previous Address: _____)

Student Name: _____ Grade: _____
School: _____ Student I.D.: _____
Phone: _____
Home Address: _____

Complete if Applicable:
Daycare Provider Name: _____
Daycare Provider Address: _____

Daycare Provider Phone: _____

(for Ocean State Transit use only)

Allow three days for transportation to start.

Bus Number: _____ Stop Location: _____
Pick Up Time: _____ Drop Off Time: _____