



East Windsor High School  
Fax: 860-623-7197

East Windsor Middle School  
Fax: 860-654-1915

Broad Brook Elementary School  
Fax: 860-623-0717

Transportation Request Forms are available in all school offices and on the district website:  
[www.eastwindsork12.org](http://www.eastwindsork12.org)

**\*\*ALL DECISIONS ARE MADE IN ACCORDANCE WITH THE BOARD OF EDUCATION POLICY AND MUST BE SUBMITTED TO THE SCHOOL AT LEAST 3 SCHOOL DAYS PRIOR TO THE REQUESTED CHANGE\*\***

**PROOF OF RESIDENCY MUST BE PROVIDED WITH AN ADDRESS CHANGE.**

***(HAND WRITTEN NOTES WILL NOT BE ACCEPTED.)***

**TRANSPORTATION REQUEST / CHANGE OF ADDRESS FORM**

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Home Address \_\_\_\_\_

Name of sibling(s) attending an East Windsor Public School:

\_\_\_\_\_  
Name Grade/School

\_\_\_\_\_  
Name Grade/School

\_\_\_\_\_  
Name Grade/School

Pick-Up Address *(if different from above)* \_\_\_\_\_

Drop-Off Address *(if different from above)* \_\_\_\_\_

Daycare Provider (Name, Phone #, and Address)

\_\_\_\_\_  
\_\_\_\_\_

Family Resource Center *(if applicable)*

\_\_\_\_\_ Before School

\_\_\_\_\_ During School \_\_\_\_\_ AM session \_\_\_\_\_ PM session

\_\_\_\_\_ After School **\*Enrollment is required, please contact Kate Mable at [KMable@ewct.org](mailto:KMable@ewct.org) to complete enrollment.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Administrator signature verifying proof of residence *(only applicable when changing address)*

\_\_\_\_\_  
Date