



# Hopkinton Public Schools

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## Request for Child Care Transportation Change

Date of Request \_\_\_\_\_

Name of Parent Making the Request \_\_\_\_\_

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name of Student (one student per request) \_\_\_\_\_

Student's School \_\_\_\_\_ Grade \_\_\_\_\_

Description of Requested Change: \_\_\_\_\_

Reason for Requested Change: \_\_\_\_\_

I certify this change will be continuous for the remainder of the school year.

Date Received by Transportation Department \_\_\_\_\_

Decision of Transportation Department: (circle one below)

Approved    Denied    Reason for Denial \_\_\_\_\_

Signature & Date \_\_\_\_\_

Date Received by School \_\_\_\_\_

Recommend Action by Building Principal: (circle one below)

Approved    Denied    Reason for Denial \_\_\_\_\_

Principal's Signature & Date \_\_\_\_\_

Date Parent Notified of Decision \_\_\_\_\_

Method(s) of Notification \_\_\_\_\_

Submit this form to Transportation: By mail: 89 Hayden Rowe Street, Hopkinton, MA 01748

By email: [transportation@hopkinton.k12.ma.us](mailto:transportation@hopkinton.k12.ma.us)

Please allow two weeks from date of receipt to receive notification of decision.