



jewish community  
day school of rhode island

## STUDENT TRANSPORTATION

Please complete and return to the School Office **as soon as possible**. The information you provide is **the only resource we have for transporting your child home correctly at the end of the school day.**

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Parents' Work Numbers \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

**\*\*If your child will be traveling by SCHOOL BUS, please circle the appropriate town/city that will be providing that transportation:**

Barrington	Bristol	Central Falls	Cranston	East Providence
Johnston	Lincoln	North Providence	Pawtucket	Providence
Smithfield	Warren	Other: _____		

**\*\*If your child will be attending after-school programs at the JCC, please indicate the days he/she will be attending. Arrangements for after-school care at the JCC must be made directly with the JCC office.**

Monday	_____	Thursday	_____
Tuesday	_____	Friday	_____
Wednesday	_____		

**\*\*Please indicate how your child will be transported to and from school daily (bus, car, JCC, etc):**

	Mornings	Afternoons
Monday:	_____	_____
Tuesday:	_____	_____
Wednesday:	_____	_____
Thursday:	_____	_____
Friday:	_____	_____