

CAMBRIDGE PUBLIC SCHOOLS
Office of Special Education
159 Thorndike Street
Cambridge, MA 02141

Transportation Information Request (Out of District)

July 11, 2007

Dear Parent or Guardian of:

The Office of Special Education and the transportation company are in the process of establishing transportation for the 07/08 school year.

Our records indicate that your child was transported last school year. Please indicate if transportation will be needed this year and be clear on the morning pick up address, emergency telephone number and contact name, as well as the afternoon drop off location and phone number.

Transportation required: **Yes** **No**

If transportation is needed, please provide the following information:

| | |
|------------------------|------------------|
| School: | |
| Home Address: | Phone: |
| Work Phone: | Cell Phone: |
| Emergency Contact: | Emergency Phone: |
| A.M. Pickup Address: | |
| A.M. Contact: | Phone: |
| P.M. Drop off Address: | |
| P.M. Contact: | Phone: |

If we do not receive updated information on the afternoon drop off address, your child will be dropped off at the address he/she was picked-up at in the morning.

Please return this form in the enclosed envelope as soon as possible or fax it to my attention at 617-349-6355. If you prefer, you may email me at jsnedeker@cpsd.us or telephone me at 617-349-6702. Thank you for your prompt attention to this matter.

Janet Snedeker
Transportation Coordinator