

THE HOPE ACADEMY

1000 Eddy Street
Providence, Rhode Island 02905

Margaret Knowlton
Superintendent

Angela Holt
Head of school

**Giselle Pellerano-
Monserratt**
Operations Manager

Administration
401-533-9122

School Office
401- 533-9192
F: 401- 533-9101

www.hopeacademyri.org

Transportation Form

Student's Name: _____

School: _____

Address: _____

Grade: _____

Parent/Guardian Name: _____

Parent/Guardian Phone: _____

My child, _____, will be following the schedule listed below for transportation to/from school.

TO School: (please indicate method of transportation for each day of the week by checking appropriate box)

	BUS	PARENT TRANSPORT	OTHER (PLEASE EXPLAIN)
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			

FROM School: (please indicate method of transportation for each day of the week by checking appropriate box)

	BUS	PARENT TRANSPORT	OTHER (PLEASE EXPLAIN)
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			

Parent/Guardian Signature

Date

This information may be shared with the bus company if necessary.

The Hope Academy: A Partnership of Schools, Families and Community

The Hope Academy does not discriminate on the basis of age, sex, race, religion, national origin, color, sexual orientation or disability in accordance with applicable federal and state laws and regulations.