

Fairfield Public Schools
Opt-out
Transportation Survey
2016-2017

(To be used for students who **will not** require school bus transportation)

If your child/children **will not** require school bus transportation, please fill out this non-binding transportation survey for the 2016/17 school year.

Student's Name _____ **Grade** _____ **School** _____
(Please print) (List you child's grade and school for the school year)

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(Please print) (List you child's grade and school for the school year)

As of this time please do not schedule a bus stop or reserve a seat on the school bus for my child(ren) for the 2016-17 school year. I understand that if circumstances change, I can request transportation by calling the transportation office at (203)255-8477.

Parent/Guardian Signature _____

Parent/Guardian Name _____
(Please print)

Street Address _____

Phone Number _____

Options for returning survey :

1. Mail to: Fairfield Public Schools
P.O. Box 320189
501 Kings Highway East
Fairfield, CT 06825
Attention: Transportation Department
2. Fax the completed form to (203)255-8250.
3. Fill out survey and e-mail it to jficke@fairfieldschools.org