

**GATEWAY REGIONAL SCHOOL DISTRICT**

**12 Littleville Road**

**Huntington, MA 01050**

(413) 685-1016 Telephone

(413) 667-8739 Fax

**Kristen Smidy**  
**Superintendent**

**Stephanie Fisk**  
**Business & Financial Officer**

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**SPLIT CUSTODY TRANSPORTATION REQUEST FORM**

**2021-2022**

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

Home Address: \_\_\_\_\_ Parent Phone: \_\_\_\_\_

School Attending:      Littleville      Chester      Middle School      High School

My child \_\_\_\_\_ has permission to be picked up at

\_\_\_\_\_ for the 2021-2022 school year.

Parent's Address

Circle One:      Monday      Tuesday      Wednesday      Thursday      Friday      AM      PM

My Child \_\_\_\_\_ has permission to be dropped off at

\_\_\_\_\_ for the 2021-2022 school year.

Parent's Address

Buses are not allowed to make **unscheduled stops** other than what is specified on their route sheet.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Bus # \_\_\_\_\_ Bus Stop: \_\_\_\_\_