



# Scituate Massachusetts

incorporated 1636



*Scituate Public Schools  
Transportation Office  
606 Chief Justice Cushing Highway  
Scituate, MA 02066*

*Transportation Coordinator  
Dorothy M. Cook  
781-545-8759 X-306  
Email: buses@scit.org*

Welcome to the Scituate Public Schools! We look forward to transporting your kindergarten student this coming fall. This is a brief summary of kindergarten transportation. There will be more information available at the spring orientation.

Please be advised that if you reside two miles or less from the school your child is attending (driving the shortest distance), there is a fee for bus transportation. You can find out if you are in a fee zone or a no fee zone by looking for your address on the lists available on the Scituate Public Schools web site at: [www.scituate.k12.ma.us](http://www.scituate.k12.ma.us). Click on Bus Info under "quick links" and click on Fee vs. No Fee Streets for your particular school.

Your child's safety is our first concern; therefore, we do not allow kindergarten students to change "drop-off" bus stops. Your child must be dropped off at the same bus stop five days a week. We do door-to-door stops midday for half day kindergarten students, if possible. A half day student will not be dropped off midday unless an adult is present. All other times, the child must go to the established bus stop to be picked up or dropped off with the other students. The letter you will receive this summer from your child's school for a half day student will indicate the session your child will be attending. **This information will not be given out by the Transportation Office.**

Please complete the form below and return it to your school as soon as possible, even if you do not plan to use bus transportation. If there are any changes after you submit the form, please notify the school immediately.

Dorothy M. Cook  
Transportation Coordinator

CHILD'S NAME: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

**IF YOUR CHILD IS ASSIGNED TO: A.M. SESSION**

PICK-UP ADDRESS: \_\_\_\_\_

NOONTIME DROP-OFF ADDRESS: \_\_\_\_\_

**IF YOUR CHILD IS ASSIGNED TO: P.M. SESSION**

PICK-UP ADDRESS: \_\_\_\_\_

AFTERNOON DROP-OFF ADDRESS: \_\_\_\_\_



**I do not plan to use the Transportation Program at Scituate Public Schools.**

Parent Signature \_\_\_\_\_

Tel: \_\_\_\_\_

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