

**Gateway Regional School District**  
**12 Littleville Road**  
**Huntington, MA 01050**  
(413) 685-1016 Telephone  
(413) 667-8739 - FAX

**Dr. David Hopson**  
**Superintendent**

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

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**Split Custody Transportation Request Form**  
**School Year 20\_\_ - 20\_\_**

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 20\_\_ -20\_\_ school year.  
Parent's Address

Circle One: Monday Tuesday Wednesday Thursday Friday AM PM

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My child \_\_\_\_\_ has permission to be **dropped off** at  
\_\_\_\_\_ for the 20\_\_ -20\_\_ school year.  
Parent's Address

Circle One: Monday Tuesday Wednesday Thursday Friday AM PM

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

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

**Office Use ONLY**

Bus #AM \_\_\_\_\_ BusStop: \_\_\_\_\_

Bus #AM \_\_\_\_\_ BusStop: \_\_\_\_\_