

**Fairfield Public Schools**  
**Opt-out**  
**Transportation Survey**  
**2011-2012**

(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 2011/12 school year.

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

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

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(Please print ) (List you child's grade and school for the next 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 2011-12 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@fairfield.k12.ct.us](mailto:jficke@fairfield.k12.ct.us)