

WALL TOWNSHIP BOARD OF EDUCATION
TRANSPORTATION DEPARTMENT

SCHOOL YEAR 2016-2017
DAYCARE TRANSPORTATION REQUEST

Student's School: WHS, WIS, ALLENWOOD, CENTRAL, OLD MILL, WEST BELMAR

CIRCLE ONE

Student's Grade: KDG, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12

CIRCLE ONE

Requested Start Date: _____

I _____, parent/guardian of _____ residing at _____

do hereby request of the Board of Education of the Township of Wall, the use of a bus route for the student named above, which is not one of a normal assignment, to be on a temporary basis. I hereby recognize that the furnishing of this transportation may be discontinued at any time without explanation, reason, or notice and that there is no obligation on the part of the Wall Township Board of Education to make the facilities available for transportation other than from the residence designated above.

It is further understood that if the Wall Township Board of Education agrees to assign a temporary bus stop to the student listed, that the use of the temporary bus stop is provided on a space-available basis. In the event that the change requires the use of a different vehicle bringing the bus load to maximum capacity, transportation for the temporary student must revert back to their original assignment.

The parent or guardian, understand that, in the case of emergency closing of school, due to inclement weather, or any other similar condition, that the student will be transported to the bus stop agreed to in this document. **It is further understood that this request is being granted for no longer than the remainder of the CURRENT school year. IF THE DAYCARE CENTER IS CLOSED FOR ANY REASON THE PARENT WILL BE RESPONSIBLE FOR TRANSPORTATION.**

Student will be picked up and dropped off at same location 5 days a week.

Daycare Name _____

Address _____

Telephone: Home/Daycare: _____ Cell: _____

To: _____

From: _____

Parent Contact Information

Home: _____ Cell: _____ Work: _____

Parent/Guardian Signature _____ Date: _____

(For use by Wall Transportation Department only)

Original route Number: _____

In computer: _____

New Route Number: _____

Sent to School: _____

Start Date: _____

Given to driver: _____

Cancelled: _____

**** THERE WILL BE A ONE WEEK REVIEW PERIOD FOR ALL FORMS RECEIVED AFTER AUGUST 1ST OF THIS SCHOOL YEAR. REGULAR ASSIGNED TRANSPORTATION WILL REMAIN IN EFFECT UNTIL A CHANGE IS APPROVED AND SCHEDULED BY THE TRANSPORTATION DEPARTMENT. YOU WILL RECEIVE A NEW BUS PASS OR A CALL FROM TRANSPORTATION TO CONFIRM THE CHANGE. FORMS WILL ONLY BE ACCEPTED BY MAIL OR DELIVERED IN PERSON TO THE TRANSPORTATION OFFICE, NO FAXES WILL BE ACCEPTED.**