

Hamilton Township School District Request For Transportation/Change In Transportation

Transportation Office
609-476-6318/609-625-4847 (Fax)
Transportation@HamiltonSchools.org

New Registration Transportation Change Child Care Stop

NAME OF STUDENT: _____
Last Name First Name M.I.

HOME ADDRESS: _____

GRADE: _____ MALE/FEMALE: _____ DATE OF BIRTH: _____

Parent/Guardian 1:

Name: _____

Relationship: _____

Cell Phone: _____

Work Phone: _____

Parent/Guardian 2:

Name: _____

Relationship: _____

Cell Phone: _____

Work Phone: _____

Pickup or Drop Off Location Other Than Home Information

Important Note: Requests for pickup or drop off at a location other than home are granted on a **5-DAY PER WEEK BASIS ONLY** and must remain the same for at least three (3) consecutive months during the current school year. The bus stop location must be the same for all 5 days of the school week. If there is not an established stop at the location that is being requested, the student will be transported to the stop nearest the requested stop location. Requests for occasional, inconsistent days (i.e. every Tuesday and Thursday) or every other week will be denied. (BOE Policy #8602)

Name of Responsible Person or Establishment: _____

Address: _____

Phone Number: _____

Transportation Requested From This Location To School
and/or

Transportation Requested To This Location From School

Requested Effective Date: _____

(Must be at least three (3) school days after receipt of this form in the Transportation Office.)

I, the undersigned, release and discharge the Board of Education, its agents, servants and employees of and from any liability arising from the requested change in bus stop. I have read this Request For Transportation Form and understand all its terms. I hereby execute it voluntarily with full knowledge of its significance.

Signature of Parent or Guardian _____ Date _____