

**ROXBURY TOWNSHIP PUBLIC SCHOOLS
TRANSPORTATION DEPARTMENT**

REQUEST FOR BABYSITTING/DAY CARE TRANSPORTATION

THE TRANSPORTATION DEPARTMENT WILL MAKE EVERY EFFORT TO ACCOMMODATE BABYSITTING/DAY CARE ARRANGEMENTS IF SEATS ARE AVAILABLE ON THE BUS WITHIN THE FOLLOWING GUIDELINES:

1. ARRANGEMENTS MUST BE ON A **FIVE (5) DAY A WEEK BASIS**.
2. BABYSITTER MUST BE IN THE SENDING AREA OF THE SCHOOL THE CHILD ATTENDS, INCLUDING AM & PM KINDERGARTEN AREAS.
3. DAYCARE MUST BE IN ROXBURY TOWNSHIP.
4. ALL REQUESTS MUST BE RECEIVED A MINIMUM OF ONE WEEK BEFORE THE START OF THE DAY CARE/BABYSITTING CHANGE.
5. NEW FORMS MUST BE COMPLETED EACH YEAR OR WHENEVER THERE IS A CHANGE OF BABYSITTER/DAY CARE.

PLEASE PRINT AND COMPLETE THE FORM BELOW AND RETURN TO YOUR CHILD'S SCHOOL. ALL AREAS MUST BE FILLED OUT OR THE FORM WILL NOT BE PROCESSED.

DATE OF REQUEST: _____

SCHOOL ATTENDING: _____ GRADE: _____

STUDENT NAME: _____ PHONE: _____

HOME ADDRESS: _____ CITY: _____

BABYSITTER/DAY-CARE: _____

ADDRESS: _____

DATE TRANSPORTATION TO START: _____

TRANSPORTATION IS REQUESTED FOR MY CHILD TO THE ABOVE NAMED BABYSITTER/DAY-CARE ON A FIVE DAY A WEEK BASIS AS NOTED:

PLEASE CHECK ONE:

TO SCHOOL ONLY _____
FROM SCHOOL ONLY _____
BOTH TO AND FROM SCHOOL _____
CANCEL BABYSITTER/DAY CARE _____

PARENT'S SIGNATURE: _____

OFFICE USE ONLY

AM BUS# _____ NOON BUS # _____ PM BUS # _____