ROXBURY TOWNSHIP PUBLIC SCHOOLS
TRANSPORTATION DEPARTMENT

ALTERNATE BUS STOP REQUEST FORM
(BABYSITTING/ DAY CARE/ CUSTODY)

THE TRANSPORTATION DEPARTMENT WILL MAKE EVERY EFFORT TO ACCOMMODATE
BABYSITTING/DAY CARE/CUSTODY 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/PARENT MUST BE IN THE SENDING AREA OF THE SCHOOL
   THE CHILD ATTENDS.
3. DAYCARE MUST BE ON APPROVED LIST IN ROXBURY TOWNSHIP.
4. ALL NEW SCHOOL YEAR REQUESTS MUST BE RECEIVED BY AUGUST
   10th. ANY REQUEST RECEIVED AFTER THE DEADLINE WILL BE
   GRANTED AFTER SEPTEMBER 14th.
5. REQUESTS MADE DURING THE SCHOOL YEAR WILL REQUIRE 5 DAYS
   NOTICE.
6. NEW FORMS MUST BE COMPLETED EACH YEAR OR WHENEVER THERE IS A
   CHANGE.

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/DAYCARE/PARENT:_____________________________________________

ADDRESS: ___________________________________________________________

DATE TRANSPORTATION TO START: ___________________________________

TRANSPORTATION IS REQUESTED FOR MY CHILD TO THE ABOVE NAMED
BABYSITTER/DAYCARE/PARENT 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 # ________________