

**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 10<sup>th</sup>. ANY REQUEST RECEIVED AFTER THE DEADLINE WILL BE GRANTED AFTER SEPTEMBER 14<sup>th</sup>.**
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: \_\_\_\_\_

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OFFICE USE ONLY

AM BUS# \_\_\_\_\_ NOON BUS # \_\_\_\_\_ PM BUS # \_\_\_\_\_