**ESY 2019**

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BRIDGEWATER-RARITAN REGIONAL SCHOOL DISTRICT
Transportation Department
P.O. Box 6030
Bridgewater, NJ 08807

## REQUEST FOR TRANSPORTATION TO/FROM BABYSITTER/DAY-CARE FACILITY

(Please use separate form for each child)
(New form must be completed each school year)

Check appropriate box: ☐ Qualified Rider ☐ Walker

SCHOOL: **High School ESY Program** GRADE: _____

NAME OF STUDENT: _____

PARENT/GUARDIAN'S NAME: _____

ADDRESS: _____

TELEPHONE(S) #: _____ ; _____

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NAME OF BABYSITTER/DAY-CARE FACILITY: _____

ADDRESS: _____

TELEPHONE #: _____ EMERGENCY TELEPHONE #: _____

**PLEASE CIRCLE ONE OF THE FOLLOWING:**

A. TO AND FROM BABYSITTER'S/DAY-CARE'S STOP
B. TO SCHOOL ON REGULARLY ASSIGNED BUS; HOME TO BABYSITTER'S/DAY-CARE'S STOP
C. TO SCHOOL FROM BABYSITTER'S/DAY-CARE'S STOP; HOME ON REGULARLY ASSIGNED BUS

*Please note that the Transportation Department will not pick-up or drop-off students to alternate locations. If your child is scheduled to attend a summer playground session the bus will go to that location rain or shine. You must make arrangements for someone to pick them up.

STARTING DATE: _____

COMMENTS: _____

_____

_____ _____
Parent/Guardian's Signature Supervisor/Principal's Signature