

**RANDOLPH SCHOOL TRANSPORTATION  
CHILDCARE REQUEST FORM**



**This form must be completed for your child to be transported to or from another location other than your home address. Must be completed annually and for 5 days a week to location. Must be return by August 15<sup>th</sup>.**

Date of Request \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Student's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # (H) \_\_\_\_\_ (C) \_\_\_\_\_

Email address \_\_\_\_\_

Parent(s) Guardian Name(s) \_\_\_\_\_

**Below please fill out childcare provider NAME and ADDRESS where you are requesting you child to be transported to/from within Randolph Township.**

**PICKUP**

**DROP OFF**

Provider's Name \_\_\_\_\_

Provider's Name \_\_\_\_\_

Provider's Address \_\_\_\_\_

Provider's Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Provider's Phone # \_\_\_\_\_

Provider's Phone # \_\_\_\_\_

Parents/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**MAIL TO: RANDOLPH TOWNSHIP SCHOOLS  
25 SCHOOLHOUSE ROAD  
RANDOLPH, NJ 07869  
ATTN: TRANSPORTATION DEPT -OR-  
EMAIL: [randolphtransportation@rtnj.org](mailto:randolphtransportation@rtnj.org)**