

**Mount Arlington Board of Education
Kindergarten/New Student Transportation Request**

Roxbury Township's Transportation Department will assign a bus stop for your child based on proximity to the address noted below. All bus requests must be on a five day a week (M-F) basis.

Grade _____

Child's Name _____ DOB _____

Home Address _____

Parent/Guardian _____

Contact # _____

My child will attend before and/or aftercare at MAPS:

_____ AM only _____ PM only _____ Both AM & PM

_____ I do NOT wish to have my child bussed to school. I will be responsible for getting my child to and from school.