



21 Belmont Avenue, Dover, New Jersey 07801

ALTERNATE BUS STOP FORM

PLEASE PRINT:

Student Legal Name: _____ School _____ Grade _____

Home Address: _____

Parent/Guardian Name: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Choose One of the Following (circle the number and fill in information):

1.	PICK UP will be at the following daycare/sitter with DROP OFF AT HOME:	Sitter Name: _____ Phone: _____ Address: _____ _____
2.	PICK UP will be at HOME with DROP OFF at the following daycare/sitter:	Sitter Name: _____ Phone: _____ Address: _____ _____
3.	PICK UP and DROP OFF with be at the following daycare/sitter:	Sitter Name: _____ Phone: _____ Address: _____ _____

If approved I understand that the child listed above will be picked up and dropped off at the requested Alternate Stop Address **until I request, in writing, for this service to end.** I understand the Dover Board of Education reserves the right to deny this request if the location of the stop is inconsistent with the rules and regulations of the fact sheet. **This service MUST BE FIVE (5) DAYS PER WEEK.**

Signature of Parent/Guardian _____ **Date:** _____

Date Received in Office: _____