



**East Brunswick Public Schools
Transportation Department**
18 Edgeboro Rd.
East Brunswick, NJ 08816
732-613-6740 Phone
732-734-8480 Fax

ALTERNATE TRANSPORTATION REQUEST FORM

In order to be considered, the parent must:

- Complete this form in its entirety; it must be received in the transportation office before June 15th for summer programs and before July 1st for the regular school year.
- Attach a letter signed with written explanation of the extenuating circumstances for the request.
- **Forward both documents to the above address.**

Today's Date: _____

Student Name: _____ Grade: _____

School: _____ Program Attending: _____

Home Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____
.....

Are you requesting alternate transportation for every day of the summer program? Yes _____ No _____
If no, stop here and do not complete this form. Your child is not eligible for alternate transportation.
.....

HOME TO SCHOOL TRANSPORTATION

Will your child ride the bus to school **from home**? Yes _____ No _____

If no, give name of responsible party at alternate location: _____

Address of alternate location: _____

Phone number at alternate location: _____
.....

SCHOOL TO HOME TRANSPORTATION

Will your child ride the bus from school **to home**? Yes _____ No _____

If no, give name of responsible party at alternate location: _____

Address of alternate location: _____

Phone number at alternate location: _____
.....

Parent Certification:

I have read the East Brunswick Board of Education Regulation No. 8600 pertaining to Alternate Transportation Requests. By signing below and submitting this request for alternate transportation, I certify that I have read and understand the applicable rules, and accept my responsibilities as required therein.

Parent Signature

Date

For Office Use:

The above request has been: _____ approved _____ denied

Reason if Denied: _____

Transportation Manager Signature

Date