

WALL TOWNSHIP BOARD OF EDUCATION
TRANSPORTATION DEPARTMENT

**SCHOOL YEAR 2024 2025 DAYCARE TRANSPORTATION REQUEST
PRIMARY STUDENTS**

Requested Start Date: _____

School Session: _____ 8:15-10:35 AM _____ 8:15 -12:15 _____ 10:20-2:20 PM _____ 12:00-2:20 PM _____

CIRCLE ONE

I _____, parent/guardian of _____ residing at _____

do hereby request of the Board of Education of the Township of Wall, the use of a bus route for the student named above, which is not one of a normal assignment, to be on a temporary basis. I hereby recognize that the furnishing of this transportation may be discontinued at any time without explanation, reason, or notice and that there is no obligation on the part of the Board of Education to make the facilities available for transportation other than from the residence designated above.

It is further understood that if the Wall Township Board of Education agrees to assign a temporary bus stop to the student listed, that the use of the temporary bus stop is provided on a space-available basis. In the event that the change requires the use of a different vehicle bringing the bus load to maximum capacity, transportation for the temporary student must revert back to their original assignment.

The parent or guardian, understand that, in the case of emergency closing of school, due to inclement weather, or any other similar condition, that the student will be transported to the bus stop agreed to in this document. **It is further understood that this request is being granted for no longer than the remainder of the CURRENT school year. IF THE DAYCARE CENTER IS CLOSED FOR ANY REASON THE PARENT WILL BE RESPONSIBLE FOR TRANSPORTATION.**

- Student will be picked up at one location 5 days a week.
- Student will be dropped off at one location 5 days a week.
- Pick-up and drop-off locations may be different.

Daycare Name _____ To: _____
Address _____ From: _____
Telephone: Home/Daycare: _____ Cell: _____

Parent Contact Information

Home: _____ Cell: _____ Work: _____

Parent/Guardian Signature _____ Date: _____

((For use by Wall Transportation Department only))

Original route Number: To _____ From _____ In computer: _____

New Route Number: To _____ From _____ Sent to School: _____

Start Date: _____ Given to driver: _____

Cancelled: _____

**** THERE WILL BE A ONE WEEK REVIEW PERIOD FOR ALL FORMS RECEIVED AFTER AUGUST 1ST OF THIS SCHOOL YEAR. REGULAR ASSIGNED TRANSPORTATION WILL REMAIN IN EFFECT UNTIL A CHANGE IS APPROVED AND SCHEDULED BY THE TRANSPORTATION DEPARTMENT. YOU WILL RECEIVE A CALL FROM TRANSPORTATION TO CONFIRM THE CHANGE. FORMS WILL ONLY BE ACCEPTED BY MAIL OR DELIVERED IN PERSON TO THE TRANSPORTATION OFFICE, NO FAXES WILL BE ACCEPTED.**

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11/2024