Millstone Township School District

Alternate pickup/drop-off form

Effective date: _____

Child's name: _____

Home address: _____

Phone number: _____ Alt number _____

I would like my child to be:

Picked up _____ Dropped off_____ Both_____

At the following address:_____

Sitter's name_____

Sitter's phone number_____

Parents signature:_____

Note:

- Form must be submitted to transportation 5 days before transportation is to start
- All requests must be for 5 days a week. No day to day changes will be allowed
- Different AM pickup/ PM drop-offs will *only* be allowed if the alternate location is on the same bus as the regular home stop. Otherwise alternate locations *must be* both ways
- A new form must be submitted at the beginning of each school year