

Hamilton Township School District
Transportation Office

Phone 609-476-6319 ** FAX 609-909-9466



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Certificate of Transportation Change

To & From a Location Other Than Home (Ex: Babysitter/Day Care Center)

Please complete this section if your child will be transported to or from a location **OTHER THAN HOME** and return it to the school.

Important Note: Requests are granted on a **5-DAY BASIS ONLY**

(The bus stop location must be the same for all 5 days of the week. If there is not an established stop at the location your child is to be transported, he or she will be transported to the stop nearest the babysitter/day care.)

Permission is hereby granted to _____ Grade _____,
(Print Student's Name)

who permanently resides at _____ to be transported
(Print Home Address)

to school from _____, and to be

transported, **from school** to _____

effective _____.

Please state the reason for this request: _____.

As a matter of **extreme importance** to the school, the **telephone information** as listed at the bottom of this notice is to be made known. If all information is not provided, this form will be returned to you and that will delay the start of this change.

I, the undersigned, release and discharge the Board of Education, its agents, servants and employees of and from any liability arising from the requested change in bus stop. I have read this Certificate of Transportation Change and understand all its terms. I hereby execute it voluntarily with full knowledge of its significance.

Signature of Parent or Guardian _____ **Date** _____

If the information below is non-applicable, please designate by writing N/A.

Home Telephone Number _____

Father's Work Telephone Number _____ Cell Phone # _____

Mother's Work Telephone Number _____ Cell Phone # _____

Babysitter/Day Care Center Name _____

Babysitter/Day Care Center Telephone Number _____

Cell Phone # _____