

Montgomery Township Public Schools Daycare Provider Transportation Request Form 2018-19

1014 Route 601, Skillman, NJ 08558 ~ Fax 609-466-0944

Student _____
Last First M.I.

Grade: _____ Date of Birth: _____ Gender: _____

Residence _____
Address City, Zip Code

Parent(s)/Guardian(s) _____

Home Telephone: _____ Cell Phone: _____

Emergency contact information: Name: _____ Phone: _____

Day Care Provider Information

The morning pick-up location may differ from the afternoon drop-off location; however, **transportation must be consistent five days a week**. Students cannot switch from one bus to another, i.e. Monday, and Friday at one location and Tuesday and Thursday at another.

Kindergarten session assignments are done geographically. Therefore, the location of the day care provider will also determine the kindergarten session assignment. Session requests or changes may be honored by the school principal, but might require midday transportation to be the parents' responsibility.

Day Care Provider information must be updated at the beginning of each school year, as well as, whenever there is a change of information. Students' pick-up and drop-off location will revert back to home location at the beginning of each new school year without a new provider form.

Parent/Guardian Signature: _____ Date: _____

**Please complete the following if your child will be attending Day Care.*

*Name or Business Name of Provider: _____

*Address: _____
Address City, Zip Code

*Day Care Telephone: _____

*Start Date: _____

** Please check the appropriate box **

***A.M. Pick-up location:** Home Day Care **P.M. Drop-off Location:** Home Day Care

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**Transportation Office use Only:** \_\_\_\_\_

Session: \_\_\_\_\_ Bus Stop: \_\_\_\_\_ Route: \_\_\_\_\_