

**SHAMONG TOWNSHIP SCHOOL DISTRICT**

**CHILD CARE BUS STOP REQUEST FORM**

**2016-2017 School Year**

**\*\*Form must be submitted to Main Office by August 3, 2016\*\***

**NO BUS CHANGES WILL BE MADE THE FIRST TWO WEEKS OF SCHOOL**

**Students whose parents miss the August 3rd deadline  
will be transported *to and from home for the first two weeks of school.***

(Please Print)

**Student's Name** \_\_\_\_\_

**Student's Address** \_\_\_\_\_

**School Attending (check one):** \_\_\_\_\_ **Indian Mills School**  
\_\_\_\_\_ **Indian Mills Memorial School**

**Grade** \_\_\_\_\_

***Name/Address/Phone Number of Childcare Provider/Babysitter where your child will board the bus in the morning:***

\_\_\_\_\_  
\_\_\_\_\_

***Name/Address/Phone Number of Childcare Provider/Babysitter where your child will be dropped off at the end of the school day:***

\_\_\_\_\_  
\_\_\_\_\_

(Please Print)

**Parent Name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent Signature** \_\_\_\_\_

**Parent Phone Number** \_\_\_\_\_

***Alternate transportation arrangements are made available as a courtesy.***  
These arrangements must be for **5 days per week** and are only permissible when there is room on the bus.  
(Policy 3545.1/Regulation R3541.1)

**Please mail or fax this completed form to Indian Mills Elementary School or Indian Mills Memorial School.  
THIS FORM MUST BE RECEIVED IN THE MAIN OFFICE**

**BY: AUGUST 3, 2016 FOR TRANSPORTATION TO BEGIN ON THE FIRST DAY OF SCHOOL.**

Requests received during the school year will go into effect one week after receipt of this form  
**(Please see reverse side of form for important information)**

**CHILD CARE & BABYSITTING BUS STOP REQUEST**

Your child is assigned to the bus stop closest to your residence. All transportation is automatically determined to be to and from home. If your child needs to be transported to and/or from a babysitter's residence or a child care facility, the request must be in writing. Please use this form to request child care/babysitting bus arrangements. These arrangements normally take 5 business days to begin. **Transportation is provided for locations within Shamong Township only.**

**Requests must be received at the Main Office by  
WEDNESDAY, AUGUST 3, 2016,  
for the arrangements to start on the first day of school.**

**Requests received 9/12/16 or later will go into effect one week after receipt of request.**

**Alternate transportation arrangements are made available as a courtesy.** These arrangements must be for 5 days per week and can be morning pickup only, afternoon drop off only, or both.

**\*\*Please mail or fax this form to one of the following locations below\*\***

**Indian Mills Elementary School**

112 Indian Mills Road  
Shamong, NJ 08088  
Phone: 609-268-0220  
Fax: 609-268-9535

**Indian Mills Memorial School**

295 Indian Mills Road  
Shamong, NJ 08088  
Phone: 609-268-0440  
Fax: 609-268-1229

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**OFFICE USE ONLY**

Date received: \_\_\_\_\_

Approval: \_\_\_\_\_  
Principal

AM Route/Stop: \_\_\_\_\_

PM Route/Stop: \_\_\_\_\_

Business Administrator

Home Bus: \_\_\_\_\_

Child Care Provider