

PRINCETON TRANSPORTATION REQUEST/CHANGE FORM

If your child will be picked up or dropped off at an address other than your home, please complete and return this form to your child's assigned school. This form will be forwarded to the Transportation Dept. for bus scheduling.

A new form MUST be filled out if there are ANY changes in your child's transportation. This request will delete any previous transportation requests you may have made. Please check all information to make sure this is the schedule you want for your child.

(Please Print)

ID# _____

Child's Name _____ School _____ Grade _____

Address _____ Zip _____ Home Phone: _____

Emergency Contact other than parent: _____ Phone _____

CHECK ONE: **New Student** **Home Address** **Care Provider** **No Transportation**
 _____ **Change** _____ **Info** _____ **Needed** _____

(ALL PROVIDERS MUST BE IN THE ATTENDANCE AREA)

Mother's Name _____ Phone (Work) _____ (Cell) _____

Father's Name _____ Phone (Work) _____ (Cell) _____

MY CHILD WILL BE USING THE FOLLOWING CHILD CARE PROVIDER:

Child Care Provider _____ Effective Date _____

Address _____ Zip _____ Phone _____

BUS INFO

AM Only	Mondays _____	Tuesdays _____	Wednesdays _____	Thursdays _____	Fridays _____
MidDay	Mondays _____	Tuesdays _____	Wednesdays _____	Thursdays _____	Fridays _____
PM Only	Mondays _____	Tuesdays _____	Wednesdays _____	Thursdays _____	Fridays _____
AM & PM	Mondays _____	Tuesdays _____	Wednesdays _____	Thursdays _____	Fridays _____

MY CHILD WILL HAVE CARE PROVIDED BY:

Name _____ Relationship _____ Effective Date _____

Address _____ Zip _____ Phone _____

BUS INFO

AM Only	Mondays _____	Tuesdays _____	Wednesdays _____	Thursdays _____	Fridays _____
MidDay	Mondays _____	Tuesdays _____	Wednesdays _____	Thursdays _____	Fridays _____
PM Only	Mondays _____	Tuesdays _____	Wednesdays _____	Thursdays _____	Fridays _____
AM & PM	Mondays _____	Tuesdays _____	Wednesdays _____	Thursdays _____	Fridays _____

Additional Information _____

Parent's Signature _____ **Date** _____

For School Office Use ONLY Grade/Room # _____ Teacher _____

Child Care Alternative Care
 Provider Bus # _____ Provider Bus # _____ Home Address Bus # _____