**Hillsborough Township School District**
**Transportation Department**
407 Amwell Road, Hillsborough, NJ 08844
Phone: 908-874-5917 – Fax: 908-874-7750

## Daycare / Babysitter Form

***Forms must be received in Transportation by JULY 15th to be effective for the opening day of school.***

***Transportation will accept daycare requests between JULY 16th and SEPTEMBER 15th; however, these changes will not go into effect until after September 22nd.***

Student Name: _____ Home Phone: _____

Address: _____ Emergency #: _____

_____ Email Address: _____

School: _____ Grade: _____

Effective Start Date: _____

### Daycare/Sitter Information

**Board Policy states: Arrangements *must* be consistent five (5) days a week and will be the same for abbreviated sessions, half days, emergency closings, etc.**

Please check the appropriate boxes for both AM & PM Transportation

| | | | |
|---|---|---|---|
| **A.M. Pick-up Location:** | [ ] Home | [ ] Day Care/Sitter | [ ] Not Needed |
| **P.M. Drop-off Location:** | [ ] Home | [ ] Daycare/Sitter | [ ] Not Needed |

Important Note: This is a request not a guarantee. We cannot guarantee there will be enough room in the requested classes to honor all requests.

Daycare/Sitter Name: _____ Phone: _____

Address: _____ Emerg. # _____

_____ _____
Parent / Guardian Signature Date

***Forms MUST be completed ANNUALLY***
***PLEASE MAIL THIS FORM TO TRANSPORTATION AS SOON AS POSSIBLE***

Office use only:
Date received in Transportation _____ **APPROVED: YES ____ NO ____ REASON** _____

Bus Route In: _____ Stop: _____ Time: _____

Out: _____ Stop: _____

Date school notified _____ Date parent notified _____ Date contractor notified _____

1/29/2009