

Montclair Board of Education



Transportation Office

22 Valley Road
Montclair, NJ 07042

(973) 509-4000
Ext 50609, 50610

ALTERNATE ADDRESS/DAY CARE APPLICATION

Please Print

STUDENT'S NAME (as registered) _____

PARENT'S/GUARDIAN'S NAME _____

ADDRESS _____

PHONE _____ EMERGENCY PHONE _____

SCHOOL _____ GRADE _____

I hereby request that my student _____
(Student's name)

Be bused to/from the nearest stop to _____
(Address of the alternate stop)

Name of Caregiver or Daycare _____

Phone number of Caregiver of Daycare _____

AM Only ____ PM Only ____ BOTH AM/PM ____ STARTS _____

It is understood that all assignments are for 5 days per week and that the assigned address, as well as the home address, must meet all bus eligibility requirements.

DATE _____ SIGNATURE _____

If you have any questions, please do not hesitate to contact the Transportation Office

NOTE: TO BE SURE THIS ASSIGNMENT IS IN PLACE FOR THE FIRST DAY OF SCHOOL IN SEPTEMBER, THIS APPLICATION MUST BE RETURNED TO THE TRANSPORTATION OFFICE NO LATER THAN AUGUST 20.