Readington Township Public Schools
2024 - 2025 Day Care / Alternate Transportation Request Form

☐ **Three Bridges School** ☐ **Whitehouse School** ☐ **Holland Brook School** ☐ **Readington Middle School**

Student _____ **Grade** _____
Last **First** **M.I.**

Parent(s)/Guardian(s) _____ _____

Residence _____
Street Name and # **Town**

Day Care Provider Information

Name or Business Name of Provider: _____

Address: _____
Street Name and # **Town**

Day Care Telephone: _____

A.M. Pick-up Location: _____

P.M. Drop-off Location: _____

Special Instructions: _____

_____

Important

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.

Day Care Provider must be within students' school attendance area.

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.

Parent/Guardian Signature_____

Fill out completely and return to Marci Cole/Supervisor of Transportation

Email or Fax by: Wednesday, August 14, 2024

Fax: 908-450-1603
Email: mecole@readington.k12.nj.us

Form Revised 7-29-2024