



# Egg Harbor Township Public Schools

Transportation Department

9 Swift Drive, Egg Harbor Township, NJ 08234

Phone 609-927-2443\*\*Fax 609-927-6985

## Certificate of Transportation Change

### **To & From a Location Other Than Home (Example: Child Care)**

Please complete this section if your child will be transported to or from a location **OTHER THAN HOME** and return it to the Transportation Department. **Please allow 5 days for changes to occur.**

**The bus stop location must be the same for all 5 days of the week.**

Permission is hereby granted to \_\_\_\_\_ Grade \_\_\_\_\_,  
(Student's Name)

who permanently resides at \_\_\_\_\_ to be transported  
(Home Address)

**to school** from \_\_\_\_\_, and to be

transported, **from school** to \_\_\_\_\_

effective date requested \_\_\_\_\_.

As a matter of **extreme importance** to the school, **all telephone information** is to be completed. I, the undersigned, release and discharge the Egg Harbor Township Board of Education, its agents, servants and employees of and from any liability arising from the requested change in bus stop. I represent that all of the information is true and complete.

1<sup>st</sup> Contact Telephone Number \_\_\_\_\_ Relationship \_\_\_\_\_

2<sup>nd</sup> Contact Telephone Number \_\_\_\_\_ Relationship \_\_\_\_\_

3<sup>rd</sup> Contact Telephone Number \_\_\_\_\_ Relationship \_\_\_\_\_

Provider's Name \_\_\_\_\_

Provider's Address \_\_\_\_\_

Provider's Telephone Number \_\_\_\_\_ Alternate Number \_\_\_\_\_

**Signature of Provider** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of Notary** \_\_\_\_\_ **Date** \_\_\_\_\_

**Notary Seal**

**Signature of Parent or Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**Signature of Notary** \_\_\_\_\_ **Date** \_\_\_\_\_

**Notary Seal**

### **Transportation Office Use Only: (revised 5-1-19)**

**Parent Photo ID**

**Provider Contract**