



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.**

Important Note: Unique circumstances of an emergency nature will be reviewed on a case by case basis which must be on a Monday-Friday basis only.

(The bus stop location must be the same for all 5 days of the week. If there is not an established stop at the location your child is to be transported, he or she will be transported to the stop nearest the provider.)

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 _____. Please state the reason for this request:

As a matter of **extreme importance** to the school, the **telephone information** as listed at the bottom of this notice is to be made known. If all information is not provided, this form will be returned to you and that will delay the start of this change.

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 have read this Certificate of Transportation Change and understand all its terms and I represent that all of the information is true and complete. I hereby execute it voluntarily with full knowledge of its significance.

Signature of Parent or Guardian _____ **Date** _____

1st Contact Telephone Number _____ Relationship _____
2nd Contact Telephone Number _____ Relationship _____
3rd Contact Telephone Number _____ Relationship _____

Provider's Name _____
Provider's Address _____
Provider's Telephone Number _____ Cell Phone # _____

Signature of Provider _____ **Date** _____

Driver's License **Other**

Signature of Notary _____ **Date** _____

Notary Seal