April 2019

**TRANSPORTATION CHANGE (BABYSITTING) FORM**

Dear Parents and Guardians:

As a courtesy, the District has allowed our families to file for a Transportation Change (babysitting forms), which, provides parents the opportunity for a new bus stop for their child to either a residential child care provider or child care enter. Currently, we are providing Transportation Change busing as a courtesy to more than 500 applications that hold seats on more than one bus route. In an effort to assist our transportation department in becoming more efficient, we have the following changes outlined below for the 2019-2020 school year.

Beginning September 2019:

- **Kindergarten**
  - Since the District provides Kindergarten half day programming, these students will continue to be provided Transportation Change busing as a courtesy to/from residential or child care center providers.

- **Grades 1st through 12th**
  - Transportation Change (babysitting) forms will only be accepted for residential child care providers with one pick-up/drop off location. Please note, this will result in **ONE** bus stop for your student, resulting in the student being picked up/dropped off at the same residential location daily.
  - There will no longer be Transportation Change busing as a courtesy for commercial child care centers for students in grades 1st through 12th.

**Transportation Change forms should be submitted to the Transportation Department no later than Friday, May 31, 2019.** All applications must be submitted with both the parent/guardian and residential and child care center provider signatures, as well as, all signatures must be notarized.

Lastly, we are re-branding and restructuring our current extended school day (Kids Klub) program. The focus of the program will be centered around homework help, enrichment, and STREAM initiatives. We believe the changes being made will help enhance your students learning experience and hope to see you consider using this beneficial extension of the school day. These changes affect all students in grades PreK-12.

If there is a circumstance not addressed, please direct all questions or concerns to Stephen Santilli, Assistant Superintendent, at extension 1003. Thank you!
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 ________ ,
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