

**Hunterdon Central Regional High School**  
**Joint Transportation Department**  
84 Route 31 Flemington, NJ 08822  
Phone: 908-284-7154 Fax: 908-284-7167

**CHILD CARE REQUEST FORM School Year:**

**Please return this form to the principal of your child's school. Please print all requested information.**

Requested Start Date: \_\_\_\_\_

Student Name: \_\_\_\_\_

Assigned School: **DELAWARE TOWNSHIP SCHOOL** Grade: \_\_\_\_\_

Home address: \_\_\_\_\_

Home Phone number: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Child Care Provider Name: \_\_\_\_\_

Child Care Provider Address: \_\_\_\_\_

Child Care Provider Phone Number: \_\_\_\_\_

AM or Midday Pick up address: \_\_\_\_\_

PM or Midday Drop off address: \_\_\_\_\_

Reason for request: \_\_\_\_\_

**Start of School:** Parents/guardians shall submit child care request to the Middle School Supervisor no later than the end of the third week of August. If approved and received by transportation by this date, the change shall be implemented for the start of school. Requests for changes received after Friday of the third full week of August, if approved, shall be implemented the second Monday after the start of school.

**Requesting a Bus stop change:** Parents/guardians of students in grades K-8, including those who would normally walk to school, will be entitled to request a change of the designated address for the bus pick-up and drop-off of their students for child care needs. The designated address must be within the sending district of their assigned school. The designated pick-up address may vary from the drop-off address for child care purposes only. Pick-up and drop-off addresses cannot vary on a day-to-day basis. **A request for a bus stop change must be submitted in writing at least five working days prior to the requested start date.** If a parent/guardian needs to change their student's bus stop during the school year due to child care, please contact the Middle School Supervisor for a child care request form. If approved, the Supervisor shall direct the request to transportation for review. The request shall be considered and the determination will be made contingent upon availability of a route, seating capacity on the school bus (exclusive of projected growth seats), and safety conditions in general. The actual bus stop established to serve the request shall be determined solely by the school district. Requests for bus stops to vary on a day-to-day basis will not be approved. (Flemington Raritan Transportation Handbook, Board Approved Procedure)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Request meets all Board approved Transportation Procedures**

\_\_\_\_\_  
Principal Signature

\_\_\_\_\_  
Date

To be completed by Transportation office:

Start Date: \_\_\_\_\_

AM/Midday Bus: \_\_\_\_\_ Time: \_\_\_\_\_ Shuttle: \_\_\_\_\_ Bus Stop: \_\_\_\_\_

PM/Midday Bus: \_\_\_\_\_ Time: \_\_\_\_\_ Shuttle: \_\_\_\_\_ Bus Stop: \_\_\_\_\_

Business Administrator will be notified when request is not in compliance with  
Board approved Transportation Procedures.