



HOLMDEL TOWNSHIP SCHOOL DISTRICT

"A COMMITMENT TO EXCELLENCE"

Transportation Department
36 Crawfords Corner Road
Holmdel, New Jersey 07733

Alternate Bus Stop Request Form

Pursuant to Holmdel School District Transportation Procedures, transportation service may be granted to students to and from an alternative address other than their primary address. This courtesy service may be provided only if, in the sole judgment of the Holmdel School District, no additional costs will be incurred and the following specific criteria are met:

- The alternate address is within the service area for the student's assigned school or program;
- Service to the alternate address is to be provided on a fixed weekly schedule;
- A seat is available on the bus route serving the alternate address;
- A bus stop serving the alternate address already exists and is assigned to a bus route.

Please complete this form if your child is to be picked up and/or dropped off at a location other than their home address on a regular established schedule. **This request will only be applicable for the 2016-2017 school year.**

Requests for multiple pick up and drop off locations that are not on a regular schedule cannot be accommodated. Students/Parents may not "choose" where to be picked up or dropped off. Requests for alternate week changes cannot be accommodated. **Temporary** changes of one week or less MUST be approved via the Transportation Coordinator, Teri Peterson, **NOT THE BUS DRIVER** at 732-946-1847. Same day requests will not be accepted. Please fax or e-mail this form to the transportation department, transportation@holmdelschools.org or Fax 732-946-0171.

CHANGES TO TRANSPORTATION MAY TAKE UP TO 5 DAYS TO COMPLETE.

Please make changes when possible before the start of school

No changes will be made from September 15th thru October 20th DUE to STATE REPORTS

Check One: <input type="checkbox"/> This is a new request <input type="checkbox"/> Delete previous request and use home address	<input type="checkbox"/> This is a change from previous request <input type="checkbox"/> This is a temporary request	D.O.B.
Student Last Name: _____ Student First Name: _____		Home Phone:
Home Address: _____		Alternate Phone:
Alternate Pick Address: _____		E-mail Address:
Alternate Drop Off Address: _____		
Child Care Provider's Name: _____ Phone: _____		
Requested Start Date: _____ Requested End Date: _____		

YOU WILL BE NOTIFIED BY TRANSPORTATION WHEN ARRANGEMENTS ARE IN PLACE

Parent Signature: _____ Date: _____ Relationship to Student: _____