TRANSPORTATION APPLICATION FOR A PRIVATE SITTER 2025-2026 SCHOOL YEAR

I hereby give permission fo	r my child,	, to be	transported by
the Jefferson Township Bo	oard of Education for th	ne 2025-2026 school year to/fr	om the bus stop
of	and to be c	ared for by	
residing at		ared for by , phone #	This is
to be effective on			
child's school of the exact sta	art date. Applications will be ed. If a new student moves in	at availability, and you will be be processed in chronological ordento the area where this will be their	er. The last on-first
I will require:			
Transportation	to and from a private sitte	er five days a week.	
· · · · · · · · · · · · · · · · · · ·	AM 5 days a week from or PLEASE CIRCLE EITHER "AN	ne location or PM 5 days a week to	o one location)
TO MY LEGAL STOP.	V American American	WILL RELINQUISH A SEAT ON THE HOME STOP WILL DEPEND ON SE CHILD ATTENDS.	
	Signature of parent/	guardian	
	Address		
	Telephone #	Date	
My child will attend		School.	

THIS FORM MUST BE FILLED OUT ANNUALLY

SUBMIT DIRECTLY TO THE MAIN OFFICE OF YOUR CHILD'S SCHOOL

by 6/20/25 for a requested start date of 9/4/25.

The Transportation Dept will not accept forms from parents or daycare centers.