

**2022-2023 SCHOOL YEAR
TRANSPORTATION APPLICATION FOR:**

- Circle choice of day care provider:

| | | |
|---|----------------------|------------------------------|
| ALPINE MONTESSORI | QUALITY TIME, INC. | FIRST IMPRESSIONS |
| COUNTRY DAY SCHOOL | ELEMENTS OF LEARNING | LOVING & LEARNING CHILD CARE |
| JEFFERSON CHILD CARE CENTER* (see box below) | | MY SCHOOL |

I hereby give permission for my child, _____, to be transported to/from the _____ **Day Care Center** by the Jefferson Township Board of Education Transportation Department for the entire 2022-2023 school year, effective September 6, 2022. I will require:

_____ Transportation **to and from** a day care **5 days a week**. Priority will be given to those requiring this transportation. Routes will be designed with these students in mind if the application is filed before the July 1st cut-off date. After July 1st, students will be placed based on seat availability.

_____ Those with **“other needs” (AM 5 days a week from one location or PM 5 days a week to one location)** will be accommodated based solely on seat availability. **PLEASE CIRCLE EITHER “AM” OR “PM”**. **Less than 5 days a week to/from more than one location cannot be accommodated**. In August, the school secretary will notify these parents if the request can be accommodated. The last on-first off bump concept will be applied. If a new student moves into the area where this will be their legal route, the last “other needs” student will be bumped off this route.

***Complete the box below for JCCEC ONLY (before/after care at White Rock, Briggs, or Aftercare at Stanlick)**

| Please check off all the apply | 5 days |
|---|---------------|
| AM transportation from home TO school | |
| PM transportation from school TO home | |
| AM White Rock Shuttle (from White Rock to Cozy) | |
| PM White Rock Shuttle (from Cozy to White Rock) | |
| AM Stanlick Shuttle (from Stanlick to Briggs) | |
| Midday transportation to/from JCCEC-29 Nolans Pt Rd (Non-Lottery Pre-K) | |

_____ No transportation (parent will transport)

I UNDERSTAND THAT BY CHOOSING A DAY CARE CENTER/SCHOOL AGE PROGRAMS, I WILL RELINQUISH A SEAT ON THE BUS ASSIGNED TO MY LEGAL STOP. SWITCHING BACK TO MY HOME STOP WILL DEPEND ON SEAT AVAILABILITY AND MUST BE APPROVED BY THE SCHOOL MY CHILD ATTENDS.

Signature of parent/guardian _____ Date _____

Address _____ Telephone _____

Requested start date _____ (school will notify you when approved)

Daycare approval **(Will not be accepted without approval)**

_____ Date _____

(Sign and Print Name)

My child will attend _____ elementary school.

**SUBMIT FORM TO THE SECRETARY OF THE SCHOOL THAT YOUR CHILD IS ATTENDING
DO NOT GIVE THIS FORM DIRECTLY TO THE TRANSPORTATION DEPT**