

TRANSPORTATION APPLICATION FOR PRIVATE SITTER
2024-2025 SCHOOL YEAR

I hereby give permission for my child, _____, to be transported by the Jefferson Township Board of Education for the 2024-2025 school year to/from the bus stop of _____ and to be cared for by _____ residing at _____, phone # _____, to be effective _____.

Transportation will be accommodated based on seat availability, and you will be notified by your child's school of the exact start date. Applications will be processed in chronological order. **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 private sitter student will be bumped off of this route.**

I will require:

_____ Transportation **to and from** a private sitter five days a week.

_____ Other Needs: **(AM 5 days a week from one location or PM 5 days a week to one location)**
(CIRCLE EITHER "AM" or "PM")

PLEASE NOTE:

- **I UNDERSTAND THAT BY CHOOSING A SITTER, 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 APPROVED BY THE SCHOOL MY CHILD ATTENDS.**

Signature of parent/guardian

Address

Telephone # _____ Date _____

My child will attend _____ School.

THIS FORM MUST BE FILLED OUT ANNUALLY

SUBMITTED DIRECTLY TO THE MAIN OFFICE OF YOUR CHILD'S SCHOOL
by 6/21/24 for a requested start date of 9/5/24.

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