



# Egg Harbor Township Public Schools

## Transportation Department

9 Swift Drive, Egg Harbor Township, NJ 08234  
Phone (609) 927-2443 \*\* Fax (609) 927-6985

### Certificate of Transportation Change

To & From a Location Other Than Home (Example: Babysitter)

Please complete this section if your child will be transported to or from a location **OTHER THAN HOME** and return it to the transportation department. **Please allow up to five days for processing!**

**Important Note: Unique circumstances of an emergency nature will be reviewed on a case-by-case basis, which must be on a Monday-Friday basis only.** (The bus stop location must be the **SAME FOR ALL 5 DAYS** of the week. If there is not an established stop at the location your child is to be transported, he or she will be transported to the stop nearest the babysitter.)

Permission is hereby granted for  Grade   
who permanently resides at  to be transported  
**to school** from , and to be  
transported, **from school** to   
effective . Please state the reason for this request:

As a matter of **extreme importance** to the school, the **telephone information** as listed at the bottom of this notice is to be made known. If all information is not provided, this form will be returned to you and that will delay the start of this change.

I, the undersigned, release and discharge the Board of Education, its agents, servants and employees of and from any liability arising from the requested change in bus stop. I have read this Certificate of Transportation Change and understand all its terms. I hereby execute it voluntarily with full knowledge of its significance.

**Signature of Parent of Guardian** .....

**Date**

If the information below is non-applicable, please designate by writing N/A.

Home Telephone Number

Father's Work Telephone Number  Cell Phone Number

Mother's Work Telephone Number  Cell Phone  
Number

Babysitter's Name

Babysitter's Telephone Number  Cell Phone Number

