

# Montclair Board of Education



## Transportation Office

22 Valley Road  
Montclair, NJ 07042

(973) 509-4000  
Ext 50609 or 50610

### ALTERNATE ADDRESS/DAY CARE APPLICATION

#### Please Print

STUDENT'S NAME (as registered) \_\_\_\_\_

PARENT'S/GUARDIAN'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ EMERGENCY PHONE \_\_\_\_\_

SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

I hereby request that my student \_\_\_\_\_  
(Student's Name)

Be bused to/from the nearest stop to \_\_\_\_\_  
(Address of the alternate stop)

Name of Caregiver or Daycare \_\_\_\_\_

Phone number of Caregiver of Daycare \_\_\_\_\_

AM Only \_\_\_\_ PM Only \_\_\_\_ BOTH AM/PM \_\_\_\_ STARTS \_\_\_\_\_

**It is understood that all assignments are for 5 days per week, and the home address must first meet all bus eligibility requirements.**

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**NOTE: Please allow up to two weeks for processing once submitted. Stops are not guaranteed and based on existing stop options. Someone from the Transportation Department will notify you of the start date as soon as possible.**