**HAMMONTON BOARD OF EDUCATION**

**TRANSPORTATION DEPARTMENT**

**PHONE: 609-567-7078 FAX: 609-567-0002**

**tmazza@hammontonps.org** **or** **mjeffcoat@hammontonps.org**

**RECONSIDERATION OF TRANSPORTATION REQUEST FORM**

\*All reconsiderations will be reviewed on a case by case basis which must follow a five day rule Monday-Friday only. (The stop must be the same 5 days per week) Reconsideration forms will only be approved upon availability of space. This arrangement is subject to change at any time if overcrowding occurs. ***If any information you have provided does not check out this request will be denied.*** Also, please note if you live in a ***walker zone*** your child ***will not*** be eligible unless approved. \*Please allow ***5 days*** for the changes to occur. ***We will only allow one change per child, per school year unless approved.\* Deadline* for all reconsiderations for the 2019-2020 school year is 07/19/19…this deadline will be strictly enforced.**

**Reconsideration requests must be resubmitted each school year and for each new program.**

Student Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade:\_\_\_\_AM\_\_\_PM\_\_\_\_\_

Home Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for Reconsideration:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Caretaker:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Caretaker Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pickup Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Drop off Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I understand all the terms of this request and verify all information provided by me is true and complete.**

Parent/Guardian Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**We will make every attempt to contact you first in the event that no one is at the bus stop to receive your child. If no contact is made your child will be returned to the school.**

**Proof: DL:\_\_\_\_\_\_\_\_\_\_OTHER:\_\_\_\_\_\_\_**

**TRANSPORTATION INFORMATION ONLY: BUS IN:\_\_\_\_\_\_\_\_\_\_ BUS OUT:\_\_\_\_\_\_\_\_\_\_**