

**Hillsborough Township School District
Transportation Department
407 Amwell Road, Hillsborough, NJ 08844
Phone: 908-431-6600 / Prompt #6 - Fax: 908-874-7750
transportationdepart@htps.us**

Daycare / Baby Sitter Form

**Forms must be received in Transportation by July 1st to be effective for the opening day of school.*

**Transportation will accept daycare requests between July 2nd and September 15th; however, these changes may not go into effect until after September 25th.*

Student Name: _____ Home Phone: _____

Address: _____ Emergency #: _____

Email Address: _____

(Please print legibly)

School: _____ Grade: _____

Proposed Start Date: _____

Daycare/Sitter Provider Information

Per Board Policy: Arrangements must be five (5) consistent days a week and will be the same for abbreviated sessions, half days, emergency closings, etc.

Please check the appropriate boxes for both AM & PM Transportation:

A.M. Pick-up Location: () Home () Day Care/ Sitter () Not Needed

P.M. Drop-off Location: () Home () Day Care/ Sitter () Not Needed

Important Note: This is a request, not a guarantee. *Please allow 1 week to process requests.*

Daycare/Sitter Name: _____ Phone: _____

Address: _____ Emergency # _____

If requesting a change, please provide a reason for the change (per district procedures, there are only two changes allowed per school year):

Parent / Guardian Signature

Date

****Forms MUST be completed ANNUALLY****

PLEASE RETURN THIS FORM TO TRANSPORTATION AS SOON AS POSSIBLE

Office use only:

Date received in Transportation _____ APPROVED: YES ___ NO ___ REASON

Date school notified: _____ Date Parent notified: _____ Date contractor notified: _____

Effective: _____