



ALTERNATE TRANSPORTATION FORM

All requests for students to be transported to and/or from school to one (1) location other than home **MUST** be submitted in writing on a **YEARLY** basis. Students must go to/from that location every day with **no exceptions**.

PLEASE NOTE: THIS FORM MUST BE SUBMITTED TO THE TRANSPORTATION DEPARTMENT BY AUGUST 1ST PRIOR TO THE CURRENT SCHOOL YEAR. NO REQUESTS SUBMITTED AFTER AUGUST 1ST WILL BE CONSIDERED UNTIL TWO (2) WEEKS AFTER THE FIRST DAY OF SCHOOL.

Student Name _____ Grade: _____ School: _____

Home Address: _____ Phone: _____

MY CHILD WILL **NOT** REQUIRE TRANSPORTATION (Please check box)

Alternate Stop Requested

AM: _____ (1 location only) No Exceptions!

PM: _____ (1 location only) No Exceptions!

Effective date of change _____ School Year _____

PARENT/GUARDIAN SIGNATURE: _____

Adult Supervisor at stop: _____ Phone: _____

****ANY CHANGES MUST BE SUBMITTED FIVE (5) BUSINESS DAYS PRIOR TO EFFECTIVE DATE****

Please return form to:
Diane Veight, Transportation
Glassboro Public Schools
Transportation Department
Operations Building
Glassboro, NJ 08028
Fax #: 856-652-2675
EMAIL: dveight@gpsd.us

OFFICE USE ONLY

Date Received: _____

Parent notified: _____

Request confirmed: _____

School Office Notified: _____

Driver Notified: _____