

**Branchburg Township School District
Student Transportation Department
580 Old York Road
Branchburg, N.J. 08876**

908-725-2895 Fax 908-575-1846

James Hager, Transportation Supervisor
jhager@branchburg.k12.nj.us

Dear Parents and Guardians:

Listed below is information about alternative bus stops.

1. Board policy R8600 states that all requests for childcare transportation be put **in writing every year**. This request must be for 5 days a week at the same location and for at least half of the school year. The a.m. and p.m. location may differ from each other.
2. The childcare provider must be located within the boundaries of Branchburg Township and be served by an approved district bus route.
3. A childcare request cannot be honored once the busload level reaches 45 students.
4. Students attending childcare programs housed in Branchburg Township School facilities must report to their respective program daily. Afternoon transportation will be provided for these students only when there has been an early dismissal due to inclement weather or other emergency.

As our district continues to grow, our buses can become filled to capacity. If this should occur, and a new student living along the effected route is assigned to the bus, the load level would exceed the legal limit. In order to address this, the last student to be assigned to this bus for courtesy busing would be the first child re-assigned to his or her regular, home to school bus.

If you will be requesting alternate transportation for your child(ren), please return the Alternate Transportation Request form by June 1.

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ALTERNATE TRANSPORTATION REQUEST

STUDENT ID: _____
For Office Use Only

I request that my child _____

For School Year: _____

who is in the _____ grade at _____ Branchburg Central Middle School
_____ Stony Brook School
_____ Whiton Elementary School

Be transported in the following manner:

Information needed for the **alternate pickup** location:

Name _____ Address _____

Phone Number _____ Name of Contact _____

Information needed for the **alternate drop off** location:

Name _____ Address _____

Phone Number _____ Name of Contact _____

I understand that Branchburg Township Board of Education policy only permits this five (5) days a week for a minimum of one half of the school year.

Signature of parent Date

Daytime telephone number: _____