

**INFORMATION BELOW  
MUST BE CHECKED  
OFF BEFORE  
SENDING!**

**This is a:**

Revised Application \_\_\_\_  
New Application \_\_\_\_  
Address Change \_\_\_\_  
School Change \_\_\_\_

**Transportation:**

Curb-to-Curb \_\_\_\_  
Corner/Group Stop \_\_\_\_

Long Branch Public Schools  
540 Broadway, Long Branch, New Jersey, 07740  
Transportation Department  
Fax: 732-571-4268 or email: [sbennett@longbranch.k12.nj.us](mailto:sbennett@longbranch.k12.nj.us)

**2019-2020**  
**In- District Special Education  
Request for Transportation**

**IMPORTANT**

**PLEASE CHECK OFF**

Can this student be dropped  
off without a parent/guardian  
present?

YES \_\_\_\_

NO \_\_\_\_

If applicable, can this student be  
put on a regular bus?

YES \_\_\_\_

NO \_\_\_\_

DATE FOR TRANSPORTATION TO START: \_\_\_\_\_

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

STUDENT: \_\_\_\_\_ DOB: \_\_\_\_\_ GENDER: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_

PHONE#: \_\_\_\_\_ ADDITIONAL PHONE#: \_\_\_\_\_

Transportation requested for: AM ONLY \_\_\_\_\_ PM ONLY \_\_\_\_\_ BOTH \_\_\_\_\_

Check off if Student's IEP requires transportation

ALTERNATE PICK-UP ADDRESS: \_\_\_\_\_ Long Branch, NJ 07740  
(if other than address above i.e. BABYSITTER)

ALTERNATE DROP-OFF ADDRESS: \_\_\_\_\_ Long Branch, NJ 07740  
(if other than address above, i.e. BABYSITTER)

CONTACT PERSON @ ALT ADDRESS: \_\_\_\_\_ PHONE #: \_\_\_\_\_

*Special Instructions/Special Request by Admin/Principal:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

STUDENTS CASE MANAGER: \_\_\_\_\_ EXTENSION: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE / TITLE EXTENSION DATE

**TRANSPORTATION OFFICE USE ONLY**

BUS ROUTE: \_\_\_\_\_ EFFECTIVE DATE: \_\_\_\_\_

CONTRACTOR: \_\_\_\_\_ LBPS DRIVER: \_\_\_\_\_

CORNER STOP: \_\_\_\_\_ [OR] CURB TO CURB? YES or NO

ENTERED IN NOTES

SENT TO CONTRACTOR/GIVEN TO LB DRIVER

TO BE FILED