

**2019-2020**

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

IF MORRIS AVE, IS STUDENT ATTENDING TRINITY? \_\_\_\_\_

CHANGE IN TRANSPORTATION?

MOVED?

NEW ENTRANT?

LONG BRANCH PUBLIC SCHOOLS  
Long Branch, New Jersey  
Transportation Request

**Child's Name:** \_\_\_\_\_

*Nombre del Niño/Nome da Criança*

**Date:** \_\_\_\_\_

*Fecha/Data*

Please mark only one (X) for AM box and one (X) for PM box  
Choose from Parent Transport, Bus, Babysitter, or Champions Aftercare Program



**PARENT TRANSPORT**

*Padres llevan a la escuela/pais levando a crianca para escola*

I will drive my child

AM  
 PM

Dirección del Niño/Niña  
endereço residencial da criança

**Home Address of Child:** \_\_\_\_\_

Nombre de padre/madre  
Nome dos pais

**Parent's Name:** \_\_\_\_\_

Telefono/Celular

**Phone/Cell #:** \_\_\_\_\_

Firma/Assinatura

**Parent's Signature:** \_\_\_\_\_



**BUS**

*Bus de casa/ônibus de casa*

My child needs bus transportation

AM  
 PM

**BABYSITTER**

*Niñera/Baba*

My child will go to a babysitter

(within the City of Long Branch)

AM  
 PM

Fill in additional sitter information →

**AM Babysitter's Information**

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

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

Long Branch, NJ 07740

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

Check off if **PM** sitter is same as

AM

**PM Babysitter's Information**

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

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

Long Branch, NJ 07740

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

**CHAMPIONS "AFTER-CARE" PROGRAM**

*Programa do Champions/KLC*

My child will go to wrap-around care

AM  
 PM

\*STUDENTS **MUST** BE REGISTERED WITH CHAMPIONS BEFORE THEY CAN ATTEND (Transportation is **NOT** provided to/from home for wrap-around care)

**ALL CHANGES** for Transportation must be made in person at your child's school.