

MIDDLETOWN TOWNSHIP PUBLIC SCHOOLS

Transportation Department
P.O. Box 4170, Middletown, NJ 07748
(732) 671-3850 Fax (732) 291-1105
www.middletownk12.org

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Assistant Coordinator

TRANSPORTATION REQUEST
2016-2017

Date: _____ Student ID#: _____

Parent/Guardian Name (*Print Clearly*): _____

Telephone #: _____ Cell #: _____

Student(s) Name(s) (*Print*): _____

Residence Address: _____

School & Grade: _____

NOTE: There are no accommodations for Day-Care Transportation. All requests must be the same stop to and from school. If you are requesting a stop other than your home bus stop, it must be for a student that is already provided transportation and it must be the SAME bus route as originally assigned. **NO EXCEPTIONS.**

Assigned Bus Stop: _____

Bus Stop Requested: _____ ***See Below**

FAX THIS REQUEST TO: 732-291-1105 (Deadline is September 1st)

For Transportation Department Use ONLY

Approved/Denied: _____

Reason: _____

Communication made to parent/guardian: _____

Date: _____ Mode: _____

*Due to the large volume of requests received by this department, requests will be addressed on an first come first serve basis only. It is very possible that we will be unable to review this request until October 1st or soon thereafter, depending on the number of requests received.