**BRICK TOWNSHIP PUBLIC SCHOOLS**

# 2026/2027

# STUDENT CHANGE OF PICK UP/DROP OFF ADDRESS

*Daycare & Non Daycare Bus Stops*

**CIRCLE: AM - PM - BOTH EFFECTIVE DATE: _____ Student Name___**

**_____GRADE _____**

**School _____ ID # _____**

**Reason for Change _____**

**Previous Pick Up Address _____**

**New Pick Up Address _____**

*MUST BE WITHIN THE SCHOOL BOUNDARY* / **5 days per week**

**Previous Drop Off Address _____**

**New Drop Off Address _____**

*MUST BE WITHIN THE SCHOOL BOUNDARY* / **5 days per week**

**Daycare or Babysitter: Name/Address/Phone _____**

_____

**Parent/Legal Guardian Name _____**
***(Please Print)***

**Phone _____ Email _____**

**Signature of Parent / Legal Guardian _____**
***(Please circle one)***

*Forms must be handed in to student's school of attendance by **August 1st** to be effective for the opening day of school. Any changes received after August 1st will be completed as quickly as possible. **Changes in pick up/drop off location must be submitted every year.***

*Please note: Changes are for established bus stops only.*

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**Office Use Only**

**Parent/Legal Guardian Proof of Identification Yes_____Principal's Signature_____Date_____**
**Date Sent to Transportation_____ COPIES: ____ Transportation ____ Student's Cum Folder _____**