

AFFIDAVIT IN SUPPORT OF CHANGE
OF BUS DESTINATION / PICKUP

SAYREVILLE SCHOOL DISTRICT
20__ - 20__

STATE OF NEW JERSEY:

SS.:

COUNTY OF MIDDLESEX:

_____, of full age, duly sworn according to
law states:

1. I hereby certify that I am the parent or guardian of _____
and that the information provided herein is true.
2. I understand that my request will only be considered if there is an available seat
for my child on this route.
3. I recognize that the Sayreville School District reserves the right to deny this
request.
4. I further recognize that in light of the serious deviation from Policy and difficulty in
administration that this request entails, any relief granted pursuant to this request
shall be binding, and no further requests for change in transportation will be
considered, for the balance of the full academic year.
5. In the event that any claims of liability arise against the District, related to the
District's decision to accommodate this request, I agree to indemnify, hold
harmless and defend the District against these claims.
6. I understand that if any of the information provided by me is willfully false, the
District reserves the right to reverse its decision to provide and alternative
destination of pick-up point.
7. I understand that if any of the information provided by me is willfully false, I may be
subject to criminal prosecution.

Signature

Sworn to and Subscribed before this

_____ day of _____ 20 ____

NOTARY

WAIVER IDENTIFICATION SHEET

NAME OF STUDENT _____

HOME ADDRESS _____

SCHOOL AND GRADE School _____ Grade _____

NAME OF PARENT OR GUARDIAN _____

HOME TELEPHONE NUMBER _____

WORK TELEPHONE NUMBER _____

LOCATION OF **PRESENT** BUS STOP A.M. _____

P.M. _____

LOCATION OF **REQUESTED** BUS STOP A.M. _____

P.M. _____

REQUESTED START DATE _____

APPLICATIONS RECEIVED BETWEEN AUGUST 19th AND SEPTEMBER 30th WILL NOT BE PROCESSED UNTIL AFTER OCTOBER 1, 2010.

REASON FOR CHANGE OF PICK-UP OR DROP-OFF POINT

(PLEASE ATTACH ADDITIONAL PAGES AND/OR SUPPORTING DOCUMENTS)

If reason for change is due to childcare provisions, please provide:

NAME, ADDRESS & TELEPHONE # OF STUDENT'S CARETAKER _____

EMPLOYER'S AFFIDAVIT

STATE OF :

COUNTY OF : SS.:

1. NAME OF STUDENT _____

2. NAME OF PARENT OR GUARDIAN
OF STUDENT _____

3. EMPLOYER'S NAME, ADDRESS
& TELEPHONE NUMBER

SUPERVISOR'S NAME _____

4. EMPLOYMENT HOURS OF PARENT
OR GUARDIAN _____

_____, of full age, duly sworn according to law states:

I hereby certify that _____ is currently

employed by _____ during the hours

of _____, and is unable to provide his/her child with transportation
to childcare without special assistance from the Sayreville School District.

Employer's Signature

Print Name

Sworn to and subscribed before me this

_____ day of _____ 20 ____

NOTARY