

Hoboken School District Application for Student Transportation

This application must be completed in its entirety and submitted to the transportation office any time a change to a student's transportation arrangement is needed. Please attach any additional information pertinent to a safe trip. Please note, students will not receive transportation without an approved application.

Please check request type: New Student Delete Student Home Address Change School Change Daycare Other

General Information			
Student Name:		Effective Date:	
Grade:	NJSID:	Gender:	DOB:
Street Address:		City:	
Mailing Address:		City:	
Guardian Name:		Home Phone:	
Guardian Work Phone:		Guardian Cell Phone:	
Emergency Contact:		Emergency Phone #:	
Special Needs			
Case Manager's Name			
Does this student have an IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No (circle one)		Is transportation required in IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No (circle one)	
Classification:		Height:	Weight:
Special Requirements (please circle all that apply)			
Booster Seat	Car Seat	Safety Restraint	Tinted Windows
Nurse		Air Conditioning	
Wheel Chair Lift		Oxygen on Board	
Receiving School			
School Name:		School Phone #:	
Address:		City:	Zip Code:
AM Start Time:	PM End Time:	Circle Days Attending: <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	
Daycare: For alternate stop at a daycare provider or family members house (within district boundaries only)			
Daycare Provider Name:		Daycare Phone:	
Daycare Address:		Please circle when needed: <input type="checkbox"/> AM <input type="checkbox"/> PM	
School Approval			
<div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="text-align: left;"> <p>Approved</p> <p>Denied</p> </div> <div style="text-align: center; flex-grow: 1;"> <p>Signature: _____ Date _____</p> <p style="font-size: small;">Case Manager</p> </div> </div>			