

**NJ-SP Corporation Transportation Card
2020-2021 School Year**

Student Name: _____ Grade: _____

**WE ARE OPERATING UNDER A REGULAR PICK UP LOCATION/ONE DROP OFF
LOCATION**

TRANSPORTATION NEEDED: Yes _____ No _____

DRIVES TO/FROM SCHOOL: _____

AM BUS PICK-UP

LOCATION ADDRESS: _____ BUS # _____

(This must be a physical address)

AM CAR DROP OFF _____

PM BUS DROP-OFF

LOCATION ADDRESS: _____ BUS # _____

(This must be a physical address)

Is it ok to drop off your child if an individual or car is not visible? Yes _____ No _____

PM CAR PICK-UP _____

Parent Signature: _____

Parent Phone: _____

Date: _____