



REACH TRANSPORTATION FORM



STUDENT NAME: _____ GRADE: _____

Dear Parent/Guardian;

The Phillipsburg School District will be providing transportation home for all REACH students. You will be notified of your child’s bus stop. If you have any questions please contact Deb Varga, Transportation Coordinator, at 908-454-3400, ext. 1105.

Please check the appropriate line:

_____ My child is to take the bus home **every day** that he/she attends REACH.

_____ I give permission for my child to walk home from REACH.

(DO NOT check both above spaces. If you give your child permission to walk, he/she may still ride the bus on any given day.)

_____ I will be picking my child up from REACH – **(BRING PICTURE IDENTIFICATION)**

Your child may be picked up from REACH any time **before** 6:10 PM. You will need to come in the building to sign your child out.

Please list anyone who is allowed to pick up your child from the REACH Program, including yourself:

If there is anyone whom you specifically **DO NOT** want to pick up your child (such as a non-custodial parent), please list below:

.....
If REACH is cancelled for any reason, parents will be notified by an automated voice message. An announcement is also made over the loud speaker to inform students. Cancellations will be posted on the district website @ www.pburgsd.net/. Please discuss a plan with your child as to what you would like him/her to do in the event that REACH is cancelled.

If you have any questions, please call 908-454-3400, ext. 6062 or 6060.

Parent Signature _____ Date _____