

**THE TINTON FALLS SCHOOL DISTRICT**

**ADMINISTRATIVE OFFICES**

**658 TINTON AVENUE**

**TINTON FALLS, NJ 07724**

**(732) 460-2400**

**FAX (732) 542-1158**

<http://tfs.k12.nj.us>

John P. Russo  
Superintendent of Schools

Elizabeth W. Cole  
Director of Special Services

Tamar R. Sydney-Gens  
Business Administrator/Board Secretary

**TRANSPORTATION FORM**

PLEASE PRINT CLEARLY

Date: \_\_\_\_\_

Gender: Male  Female

Student Last Name: \_\_\_\_\_

Student First Name: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_

Student Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month/ Day / Year

Student Address: \_\_\_\_\_  
House Number and Street

\_\_\_\_\_  
City, State and Zip Code

Nearest Cross Street to Student's Home: \_\_\_\_\_

Student Grade: \_\_\_\_\_

Parent/Guardian Name (1): \_\_\_\_\_

Parent/Guardian Address (1)(**only if different from student**): \_\_\_\_\_

Cell Phone or contact # for Parent/Guardian Name (1): \_\_\_\_\_

Parent/Guardian Name (2): \_\_\_\_\_

Parent/Guardian Address (2)(**only if different from student**): \_\_\_\_\_

Cell Phone or contact # for Parent/Guardian Name (2): \_\_\_\_\_

**Note:** If child is to be transported **from and to** a different location **within** the Tinton Falls School District such as a daycare please list address location: \_\_\_\_\_

\_\_\_\_\_

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**For School Office Only:**

Student Local ID #: \_\_\_\_\_

Student State ID #: \_\_\_\_\_