Cedar Grove Board of Education
520 Pompton Avenue
Cedar Grove, NJ 07009
973-239-1550 x 6122
fax 973-239-2994

Bus Transportation Request Form

Parents Name: __________________________

Home Address: __________________________

Emergency Contact phone number: ______

Students Name: _________________________

Student's Grade: ________________________

Student's Birth Date: ____________________

Please complete this form and send to Marie Criscuolo - Business Office

criscuolo.marie@cgschools.org

A letter will be issued to the above Parent / at the above home address verifying if their
child is eligible to receive Transportation

Rule is 2 miles or more from the Middle School and 2 1/2 miles from the High School.