

**WEST MILFORD BOARD OF EDUCATION
TRANSPORTATION DEPARTMENT
51 HIGHLANDER DRIVE
WEST MILFORD, N.J. 07480**

**Tricia Perrulli
Supervisor of Transportation
(973) 697-0777
Fax: (973) 208-8467**

August 2026

In an effort to better serve the needs of the students of West Milford, we are requesting the following additional information regarding your children. This is strictly voluntary but will allow us to respond to emergency situations in a more expedient manner. This information will be maintained in the Transportation Department Office and will remain strictly confidential.

If you choose to participate in this program, please fill out the following form and return it to the bus driver or mail to the above address.

Your cooperation in this matter will be greatly appreciated.

Thank you

2026-2027
VOLUNTARY INFORMATION

STUDENT
NAME _____

SCHOOL _____ **GRADE** _____

HOME PHONE _____ **CELL PHONE** _____

EMERGENCY CONTACTS:

NAME _____ **RELATIONSHIP** _____

HOME PHONE _____ **CELL PHONE** _____

Does the student have any conditions, medical or otherwise of which you wish to notify us that relate to the safe transportation of the student? If yes, please explain.

Any medications of which you wish to notify us? _____

Any allergies of which you wish to notify us? _____

FAMILY PHYSICIAN _____

PHONE # _____

SIGNATURE OF PARENT/GUARDIAN _____

PLEASE PRINT NAME OF PARENT/GUARDIAN _____

Revised 5/31/2022