

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

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August 2025

**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**

**2025-2026**  
**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** \_\_\_\_\_