

SCHOOL YEAR 20__ - 20__ RESIDENT DISTRICT BOARD OF EDUCATION _____

STUDENT NAME _____ DATE OF BIRTH _____
LAST FIRST MIDDLE MONTH DAY YEAR

PARENT OR GUARDIAN _____ DAYTIME PHONE _____

HOME ADDRESS _____ CITY OR TWP. _____ ZIP _____

NEAREST INTERSECTION TO STUDENT'S RESIDENCE _____

MAILING ADDRESS _____ ZIP _____

FULL NAME OF SCHOOL TO BE ATTENDED _____ PHONE _____

ADDRESS OF SCHOOL _____

STUDENT GRADE FOR COMING YEAR _____ DISTANCE FROM HOME TO SCHOOL _____
(MEASURED VIA SHORTEST PUBLIC ROADWAY OR WALKWAY IN MILES AND TENTHS)

DATE SCHOOL OPENS _____ CLOSES _____ SCHOOL HOURS FROM _____ A.M. TO _____ P.M.

NAME AND ADDRESS OF LAST SCHOOL OF ATTENDANCE _____

DATE _____ SIGNATURE _____

DO NOT WRITE BELOW THIS LINE ☆ FOR PUBLIC SCHOOL USE ONLY

YOUR APPLICATION HAS BEEN REVIEWED BY THE RESIDENT DISTRICT BOARD OF EDUCATION. THE FOLLOWING DETERMINATION HAS BEEN MADE:

_____ TRANSPORTATION WILL BE PROVIDED _____ YOU ARE ELIGIBLE FOR PAYMENT IN LIEU OF TRANSPORTATION
_____ INELIGIBLE _____ (REASON)

DATE ____ / ____ / ____ SIGNATURE _____ TITLE _____

STATE OF NEW JERSEY -- DIVISION OF FINANCE/BUREAU OF PUPIL TRANSPORTATION
REQUEST FOR PAYMENT OF TRANSPORTATION AID
PUPIL ENROLLED IN A REMOTE NONPROFIT PRIVATE SCHOOL

The request shall be filed by parent or guardian with the secretary of the local school district within 15 days after the close of the first and second semester of the nonprofit private school.

I, _____ do hereby certify that
(Parent or guardian)

_____ who resides at
(Name of Pupil)

_____ *(Address of pupil)*
has been transported to _____ situated in _____
(Non-profit private school) (City) (State)

not more than 20 miles from the residence of the pupil for the period of time as certified by the private school. In consideration, thereof, I hereby request payment of transportation aid pursuant to NJSA 18A:39-1.

I do solemnly declare and certify under the penalties of the law that the within bill is correct in all its particulars, that the articles have been furnished or services rendered as stated herein. That no bonus has been given or received by any person or persons with the knowledge of this claimant in connection with the above claim, that the amount therein stated is just and owing, and that the amount charged is a reasonable one.

_____ *(Date)* _____ *(Signature of parent or guardian)*

WHEN PROPERLY EXECUTED THE ABOVE FORM MAY BE ACCEPTED AS AN OFFICIAL VOUCHER. LOCAL BOARD OF EDUCATION MAY PAY TRANSPORTATION AID BASED ON THIS CLAIM PURSUANT TO NJSA 18A:39-1 AND 18A:19-3.