

PARENTAL TRANSPORTATION SERVICES WAIVER FORM
STUDENT TRANSPORTATION SERVICES

To be completed by the Parent/Guardian. Please print.

I understand that, if eligible, the _____

Local Board of Education

is obligated to transport my child to and from school pursuant to N.J.S.A. 18A:39-1 *et seq.*

In accordance with N.J.S.A. 18A:39-1c, I agree to waive said transportation services provided

by the _____ . I understand that I will

Local Board of Education

be responsible to provide transportation for my child _____

Student's Name

to and from _____ school each school day and the

School of Attendance

_____ will not be required to provide

Local Board of Education

transportation services to my child for the 20 ____ - 20 ____ school year. I have

received and read the _____ Transportation

Local Board of Education

Waiver Policy and agree to the terms for Waiving Transportation Services. I understand I may

reinstate my child's transportation services upon written request and showing a need due to

family or economic hardship as defined by the Transportation Waiver Policy.

Parent/Guardian Signature: _____

Parent/Guardian Printed Name: _____

Date _____ Day Time Telephone: _____

Email Address: _____

For District Use Only

Date Waiver Received: _____

BOE Notification Date: _____

REINSTATEMENT OF TRANSPORTATION SERVICES REQUEST FORM

In order to request reinstatement of student transportation services, please complete the following.

To be completed by the PARENT/GUARDIAN. Please print.

I understand transportation services can be resumed upon request should my family experience a family or economic hardship that prevents us from transporting our child.

I previously waived student transportation services for my child _____ Student's Name

to and from _____ School of Attendance school.

As of _____ Date, I am no longer able to transport my child due to a family or

economic hardship, as defined in the _____ Local Board of Education

Transportation Waiver Policy. I therefore request reinstatement of transportation services

for the 20__ - 20__ school year. I am providing proof of my family/economic hardship as required by the Transportation Waiver Policy.

I further understand, if approved, the reinstatement of transportation services will occur according to the _____ policy after receipt of the

Local Board of Education completed Reinstatement of Transportation Services Request Form accompanied by acceptable documentation of the hardship and approval by the local board of education.

Parent/Guardian Signature: _____

Parent/Guardian Printed Name: _____

Date: _____

For District Use Only	
Date Request Received:	_____
BOE Approval Date:	_____
Date Transportation Reinstated:	_____