

STUDENT NAME _____ Gender _____ DATE OF BIRTH _____
First Last Middle month day year
PARENT OR GUARDIAN _____ DAYTIME PHONE () _____

HOME ADDRESS _____ Mailing Address _____
Street City Zip

1. FULL NAME OF SCHOOL TO BE ATTENDED _____ PHONE () _____

ADDRESS OF SCHOOL _____ GRADE _____

SCHOOL HOURS _____ A.M. to _____ P.M. DATE SCHOOL OPENS / / CLOSSES / /

DISTANCE FROM YOUR HOME TO SCHOOL _____ (measure via shortest public roadway or walkway in miles and tenths)

NAME AND ADDRESS OF LAST SCHOOL ATTENDANCE _____

DATE _____ SIGNATURE _____

Complete two copies for each eligible student. One for each semester.

2. _____, do hereby certify that _____, who resides at
(Parent/Guardian) Name of Pupil

_____ has been transported to _____
Name of Nonprofit School

Situated in _____, from _____ / _____ / _____ to _____ / _____ / _____
City State month day year month day year

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 this request for payment is correct in all its particulars, and I am not claiming reimbursement or receiving transportation from any other school district for the same period of time.

_____ Date _____ Signature of Parent or Guardian

Complete two copies for each eligible student. One for each semester.

3. _____, do hereby certify that _____, who resides at
(Parent/Guardian) Name of Pupil

_____ has been transported to _____
Home Address Name of Nonprofit School

Situated in _____, from _____ / _____ / _____ to _____ / _____ / _____
City State month day year month day year

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 this request for payment is correct in all its particulars, and I am not claiming reimbursement or receiving transportation from any other school district for the same period of time.

_____ Date _____ Signature of Parent or Guardian

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

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PARENTS MUST FILL OUT ALL THREE SECTIONS