

**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: _____