

**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: \_\_\_\_\_