(B6T) Nonpublic School Transportation Application (N.J.A.C 6A:27-2.5)

Instructions

It is the obligation of the parent or guardian of nonpublic school students to annually obtain the Nonpublic School Transportation Application from the administrative office of the nonpublic school for each student for which transportation services are being requested. Submit a separate application for each student.

Note:

- If there is a change of home address, a new application shall be submitted to the public school district of residence.
- If there is a change in the nonpublic school of attendance, a new application shall be submitted to the public school district of residence.
- Complete this application and return it to the nonpublic school on or before March 10th preceding the school year in which transportation is being requested.
- Late applications Any application received after March 10th will be a late application and must be accompanied by a statement of the reason for lateness. Eligible students will receive transportation or aid in lieu of transportation based on the date the application is received by the public school.
- It is the obligation of the nonpublic school administrator to annually collect the application and submit it to the public school district from which transportation is being requested prior to March 15th.
- It is the obligation of the public school administrator to notify the parent or guardian as the determination of each application by August 1st.
- A district board of education shall pay aid in lieu of transportation to the parent or guardian of an eligible student only after receiving a signed "Nonpublic School Transportation Payment" voucher (B7T) as prescribed by the Commissioner of Education.

Nonpublic School Transportation Application Form			
School Year:	Resident D	istrict Board of Education:	
Student Name:			
Last		First	Middle
Date of Birth (mm/dd/yy):		Parent/Guardian Name:	
Daytime Phone:		Email Address:	
Area coo	le + number		
Home Address:		City:	Zip:
Mailing Address:		City:	Zip:
Full name of school to be a	attended:		
Phone:	Address of School:		
Area code + numb	er		
Student's grade for the co	ming year:		
Shortest one-way mileage between home and school:			
			ong public roadways or nearest tenth of a mile)
Date school opens (mm/dd/yy):		Date school closes (mm/dd/yy):	
School hours:	AM to	РМ	
Name of school of attendance in prior year:			
Address:			
Signature:		Date (mm/dd/yy):	
Public School Use Only	(Do <i>not</i> writ	e below this line)	
Your application has been been made:	reviewed by	r the resident district board of edu	cation. The following determination has
Transportation will be	e provided	You are eligible for paymer of transportation	nt in lieu 🛛 Ineligible
Reason:			
Title:			
Signature:			Date (mm/dd/yy):