GRADES K THROUGH 12
CHARTER SCHOOL APPLICATION FOR TRANSPORTATION SERVICES

SEPT – JUNE

FOR DISTRICT USE ONLY

MILEAGE _____

APPROVED ☐ YES ☐ NO

_____
INSERT SCHOOL YEAR ABOVE

DATE _____

NAME OF CURRENT CHARTER SCHOOL _____

CHARTER SCHOOL ADDRESS _____ _____
NUMBER AND STREET CITY AND STATE

CHARTER SCHOOL COUNTY _____ CHARTER SCHOOL PHONE NO. _____

CHARTER SCHOOL ADMINISTRATOR _____ _____
PLEASE PRINT NAME SIGNATURE

NEW APPLICATION YES_____ NO_____ **RENEWAL APPLICATION** YES_____ NO_____

*****PLEASE *PRINT* WITHIN THE SQUARES*****

PARENT OR GUARDIAN NAME

LAST FIRST MIDDLE

PUPIL'S NAME

LAST FIRST MIDDLE

PUPIL'S STATE ID

HOME ADDRESS, NUMBER AND STREET _____

CITY, STATE AND ZIP CODE _____

COUNTY WHICH STUDENT RESIDES _____

TELEPHONE NUMBERS _____ | _____ | _____
HOME WORK CELL

PUPIL'S DATE OF BIRTH _____ GRADE OF PUPIL _____

PUPIL GENDER MALE ☐ FEMALE ☐
PLEASE CHECK THE APPROPRIATE BOX

NAME AND ADDRESS OF LAST SCHOOL ATTENDED _____

DATE SCHOOL OPENS _____ DATE SCHOOL CLOSES _____

PLEASE CHECK (✓) PREFERRED BUS LINE _____NJT _____NJT TRANSFER _____ MONTGOMERY & WESTSIDE

THE UNDERSIGNED DOES SOLEMNLY DECLARE AND CERTIFY THAT THE ABOVE REQUEST FOR TRANSPORTATION IS JUST AND TRUE.

DATE _____ PARENT OR GUARDIAN SIGNATURE _____

PARENT OR GUARDIAN SOCIAL SECURITY NO. _____