

Nonpublic School Transportation Application Form

School Year: 2025-26 Resident District Board of Education:

Student Name:

Last

First

Middle

Date of Birth (mm/dd/yy):

Parent/Guardian Name:

Daytime Phone:

Email Address:

Area code + number

Home Address:

City:

Zip:

Mailing Address:

City:

Zip:

Full name of school to be attended: The Pennington School

Phone: (609) 737-1838

Address of School: 112 W. Delaware Ave., Pennington, NJ 08534

Area code + number

Student's grade for the coming year:

Shortest one-way mileage between home and school:

(shortest route along public roadways or walkways to the nearest tenth of a mile)

Date school opens (mm/dd/yy): 09/03/25

Date school closes (mm/dd/yy): 06/12/26

School hours: 8:00 am AM to 5:30 am PM

Name of school of attendance in prior year:

Address:

Signature:

Date (mm/dd/yy):

Public School Use Only (Do not write below this line)

Your application has been reviewed by the resident district board of education. The following determination has been made:

- Transportation will be provided You are eligible for payment in lieu of transportation Ineligible

Reason:

Title:

Signature:

Date (mm/dd/yy):