

Somerset Hills Board of Education  
Transportation Office  
25 Olcott Ave.  
Bernardsville, NJ 07924

Phone: 908 204 1930 Ex.1120  
Email: friccio@shsd.org

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## SUBSCRIPTION BUSING REGISTRATION FORM

If you would like to secure a seat on a bus for your children, you must complete the application form below and submit it to the above address **NO LATER THAN JUNE 30<sup>th</sup> (do NOT return it to the school)**. The cost per student for this service will be \$450 and the maximum family cost will be \$1,000 (*This fee is subject to change based on cost of transportation*). Subscription busing is not guaranteed, seats will be assigned based on a first come first served basis.

Full payment in the form of a check made payable to **the Somerset Hills Board of Education** must accompany this application form. We cannot accept credit cards. Your canceled check will be your receipt. Please make sure you intend to use this service before completing the application because **no refunds will be given**. Completing this application does not guarantee transportation, subscription busing is subject to availability.

**\*\*\* Forms received after June 30th will not be processed. \*\*\***

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Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_ (Please indicate home, work or cell number)

Email Address: \_\_\_\_\_

Name of Student(s)	Grade as of SEPT. 2026
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

TOTAL Amt. Enclosed: \$ \_\_\_\_\_ Check #: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Parent or Guardian) Date: \_\_\_\_\_