

PARENTAL TRANSPORTATION SERVICES WAIVER FORM
STUDENT TRANSPORTATION SERVICES

To be completed by the Parent/Guardian. Please print

I understand that, if eligible, the Somerset Hills School District 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 Somerset Hills School District. I understand that I will be responsible to provide transportation for my child _____ (Student's Name) to and from _____ (School of Attendance) each school day and the Somerset Hills School District will not be required to provide transportation services to my child for the 2022-2023 school year. I have received and read the Somerset Hills School District Transportation 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: _____