WATERFORD TOWNSHIP PUBLIC SCHOOLS
TRANSPORTATION FORM
2025-2026

PLEASE PRINT

Date: _____ **Child's DOB:** _____

_____
Child's Last Name **First Name** **M.I.**

_____
Number **Street** **Town** **Zip**

Nearest Street: _____ **Sex: Male** _____ **Female** _____

Name of Parent or Guardian: _____ **Custody Papers: Y**_____ **N**_____

Parents Telephone #: _____ **Cell #:** _____

Email Address: _____

Emergency Name & #: _____ **Relationship to Student:** _____

PLEASE READ AND SIGN BELOW

I agree to allow my child referenced above to be video/audio taped while on the school bus provided by the Waterford Township School District. I understand that these recordings may be used for disciplinary or criminal investigations. Parents and other third parties may not view the recording except by court order. I also agree that my child will follow the Rules and Regulations for School Bus Riders as detailed in the Parent Handbook and the Transportation Pamphlet or be subject to disciplinary procedures including suspension of bus privileges.

_____ _____/_____/_____ **Initial** _____ **Rec'd Transportation Rules**
Signature **Date**

TO BE COMPLETED BY TRANSPORTATION OFFICE:

Teacher: _____ **Grade:** _____ **IEP: Yes**_____ **No**_____

Starting Date of Student: _____ **Transferring From:** _____

Start Date of Busing: _____ **ATCO** **TR** **WES** **HMS/HHS**

Bus Stop Description: _____

Bus #: _____ **TIMES: AM** _____ **PM** _____

CONTRACTOR

TRANSFINDER: _____ **ADD:** _____ **BUS PASS:** _____

ROUTE BOOK: _____ **DELETE:** _____ **PARENT:** _____

SITTER BOOK: _____ **TEACHER:** _____

HMS/HHS ONLY:
Own: _____ **Rent:** _____

Lease/Affidavit to Township: _____

Revised 1/3/25

WATERFORD TOWNSHIP BOARD OF EDUCATION
Student Residency Questionnaire

Name of Student:_____

Date of Birth:_____ **Grade:**_____ **Sex:** ◯ **Male** ◯ **Female**

Name of Parent/Legal Guardian:_____

This questionnaire is intended to address the McKinney-Vento Act 42 U.S.C. 11435. The answers to this residency information help to determine the services the student may be eligible to receive.

Is your current address a temporary living arrangement? _____**No** _____**Yes**

If you answered NO to the above question, please sign below at the "X" If you answered YES please continue.

Is this temporary living arrangement due to the loss of housing or economic hardship? _____**No** _____**Yes**

If you answered NO to the above question, please sign below. If you answered YES please continue.

Presenting a false record or falsifying records is an offense under Section 37.10,PENAL code & enrollment of the child under false documents subjects the person to liability for tuition or other costs. TEC Sec. 25.002(3)(d).

X_____ _____/_____/_____

Parent/Guardian Signature **Date**

Temporary Residence of Child:_____

◯ **Motel/Hotel** ◯ **Shelter** ◯ **Doubled up** _____ **Home owner to complete Notarized Affidavit** ◯ **Car, park or campsite**

Name and Contact Information of temporary residence: _____

_____

_____

Previous Permanent Residence:_____ ◯ **< 6 months** ◯ **6-12 months** ◯ **> 12 months**

Resided at this address longer than 1 year ◯ **Yes, Previous school/district attended**_____

Resided at this address less than 1 year ◯ **No, Previous school/district attended**_____

AND address of residence at that time:_____

Please give a brief explanation of your circumstances and living arrangements: _____

_____

_____

Placement Request: ◯ **Return to previous school** ◯ **Attend Waterford Twp. Schools** ◯ **Other**_____

I acknowledge that my child " lacks a fixed, regular, and adequate residence, pursuant to N.J.S.A. 18A:7B-12 and N.J.A.C. 6A:17-2.2. Presenting a false record or falsifying records is an offense under Section 37.10,PENAL code & enrollment of the child under false documents subjects the person to liability for tuition or other costs. TEC Sec. 25.002(3)(d).

_____/____/____

Parent/Guardian Signature/Date

Office Use Only

District Responsible for Tuition:_____ Liaison Contacted:_____

District agrees with placement ◯ Yes ◯ No Parent/Guardian agrees with placement ◯ Yes ◯ No

_____/____/_____

Homeless Liaison Signature/Date

_____Email Notification (Principal/ Counselors/ Front Office /Homeless Liaison/Technology/ Free & Reduced Lunch

_____ Realtime Federal Tab

_____ Email to District of Origin

_____ Registrar School Code

_____ Notification to Acct. Dept.

_____ McKinney-Vento Form:

_____ Signed _____Faxed

Revised 1-2-20

*Complete **SECTION A** (Domicile) if the student is living with a parent or guardian whose permanent home is the address given on page 1 of this application and is located in the district.*

*Complete **SECTION B** ("Affidavit" Student) if the student is living with a person domiciled in the district, other than the parent or guardian.*

*Complete **SECTION C** (Temporary Resident) if the student is living with a parent or guardian temporarily residing within the district.*

Complete **SECTION D** (Special Circumstances) **if the student's situation is not addressed by Section A, B or C** or if any of the circumstances in Section D apply.

STUDENT NAME: _____

SECTION A (DOMICILE): *Complete this section if the student is living with a parent or guardian whose permanent home is the address given on page 1 of this application and is located in the district. If you are the student's guardian, or will be the guardian of a student from out of state following expiration of the required 6-month waiting period, you will be asked to provide official papers proving guardianship. You will not be asked to produce "affidavit student" proofs of the type requested in Section B below:*

How long have you lived in this home? _____

Do you have any present intention of moving from this home? If so, when and to where? _____

_____

Do you have a residence(s) elsewhere, and, if so, where are they and when do you live there?

_____

Please list four forms of proof (see attached list) you will provide to demonstrate that the address given on page 1 of this application is your permanent home.

1. _____

2. _____

3. _____

4. _____

(Continued on next page)

SECTION A (DOMICILE) CONTINUED:

If the student's parents are domiciled in different districts, regardless of which parent has legal custody, please answer the following questions:

Is there a court order or written agreement between the parents designating the district for school attendance, and if so, where does it require the student to attend school? (You will be asked to provide a copy of this document.)

_____

_____

_____

Does the student reside with one parent for the entire year? If so, with which parent and at what address?

_____

If not, for what portion of time does the student reside with each parent and at what addresses?

_____

_____ _____

If the student lives with both parents on an equal-time, alternating week/month or other similar basis, with which parent did the student reside on the last school day prior to October 16 preceding the date of this application?

_____

Please note: No district is required, as a result of being the district of domicile for school attendance purposes where a student lives with more than one parent, to provide transportation for a student residing outside the district for part of the school year, other than transportation based upon the home of the parent domiciled within the district to the extent required by law.

If you are claiming to be an emancipated student, are you living independently in your own permanent home in the district? If yes, please describe the proofs you will provide, in addition to those demonstrating domicile, to demonstrate that you are not in the care and custody of a parent or legal guardian.

_____

_____

Please note: Under New Jersey law, where a dwelling is located within two or more local school districts, or bears a mailing address that does not reflect the dwelling's physical location within a municipality, the district of domicile for school attendance purposes is that of the municipality to which the resident pays the majority of his or her property tax, or to which the majority of property tax for the dwelling in questions is paid by the owner of a multi-unit dwelling.

END OF SECTION A

SIGNATURE: _____ DATE: _____

WATERFORD TOWNSHIP SCHOOL DISTRICT

TRANSPORTATION DEPARTMENT PK-2 Only

For the safety of our students we recommend you fill out the form below to let us know who will be receiving your child daily at his/her bus stop. The Transportation Department policy states that an adult be present at the assigned bus stop waiting for your child.

Student Name_____

Student Grade_____ Student Bus #_____

I approve the following individuals to pick up my child from his/her bus stop.

List all individuals that will be receiving your child from the bus stop

1. _____ Relationship to child_____
2. _____ Relationship to child_____
3. _____ Relationship to child_____
4. _____ Relationship to child_____
5. _____ Relationship to child_____

Parent Signature_____Date_____