

(B6T) Nonpublic School Transportation Application (N.J.A.C 6A:27-2.5)

Application Form

School Year: **2025-2026** 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: **St. Joseph Regional High School**

Phone: **201-391-3300**

Address of School: **40 Chestnut Ridge Road, Montvale, NJ 07645**

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): **9/1/25**

Date school closes (mm/dd/yy): **6/30/26**

School hours: **8:00** AM to **2:00** 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):