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

Instructions

It is the obligation of the parent or guardian of nonpublic school students to annually obtain the Nonpublic School Transportation Application from the administrative office of the nonpublic school for each student for which transportation services are being requested. Submit a separate application for each student.

Note:

- If there is a change of home address, a new application shall be submitted to the public school district of residence.
- If there is a change in the nonpublic school of attendance, a new application shall be submitted to the public school district of residence.
- Complete this application and return it to the nonpublic school on or before March 10th preceding the school year in which transportation is being requested.
- Late applications Any application received after March 10th will be a late application and must be
 accompanied by a statement of the reason for lateness. Eligible students will receive transportation or
 aid in lieu of transportation based on the date the application is received by the public school.
- It is the obligation of the nonpublic school administrator to annually collect the application and submit it to the public school district from which transportation is being requested prior to March 15th.
- It is the obligation of the public school administrator to notify the parent or guardian as the determination of each application by August 1st.
- A district board of education shall pay aid in lieu of transportation to the parent or guardian of an eligible student only after receiving a signed "Nonpublic School Transportation Payment" voucher (B7T) as prescribed by the Commissioner of Education.

N	onpublic S	school Transportation Applicat	ion Form
School Year:	Resident Di	strict 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 at	tended:		
Phone:	Ad	dress of School:	
Area code + numbe	ſ		
Student's grade for the com	ing year:		
Shortest one-way mileage t	etween hon	ne and school:	
, ,			g public roadways or
		walkways to the nearest tenth of a mile)	
Date school opens (mm/dd/yy):		Date school closes (mm/dd/yy):	
School hours:	AM to	PM	
Name of school of attendan	ce in prior y	ear:	
Address:			
Signature:		Date (mm/dd/yy):	
Public School Use Only (I	Oo <i>not</i> write	below this line)	
Your application has been r been made:	eviewed by	the resident district board of educat	ion. The following determination ha
☐ Transportation will be	provided	You are eligible for payment in of transportation	n lieu
Reason:			
itle:			
Signature:		Date (mm/dd/yy):	