

**WATERFORD TOWNSHIP PUBLIC SCHOOLS
TRANSPORTATION FORM
2026-2027**

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: _____

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

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 question 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 _____

