

## Nonpublic School Transportation Application Form

School Year: 2026-2027 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: The Rumson Country Day School

Phone: 732-842-0527

Address of School: 35 Bellevue Ave., Rumson NJ 07760

\_\_\_\_\_

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):

Date school closes (mm/dd/yy):

School hours:

\_\_\_\_\_

AM to 3:00 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  
of transportation

Reason:

Title:

Signature:

Date (mm/dd/yy):