

\_\_\_\_\_ place an **X** if you do not want to apply for bussing

## 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

Reason:

Title:

Signature:

Date (mm/dd/yy):