

**PARENTAL TRANSPORTATION SERVICES WAIVER FORM
STUDENT TRANSPORTATION SERVICES**

To be completed by the Parent/Guardian. Please print.

I understand that, if eligible, the _____ Tenaflly Board of Education
Local Board of Education

is obligated to transport my child to and from school pursuant to N.J.S.A. 18A:39-1 *et seq.*

In accordance with N.J.S.A. 18A:39-1c, I agree to waive said transportation services provided

by the _____ Tenaflly Board of Education . I understand that I will
Local Board of Education

be responsible to provide transportation for my child _____

to and from _____ school each school day and the
Student's Name

_____ School of Attendance
Tenaflly Board of Education will not be required to provide
Local Board of Education

transportation services to my child for the 20 ____ - 20 ____ school year. I have

received and read the _____ Tenaflly Board of Education Transportation
Local Board of Education

Waiver Policy and agree to the terms for Waiving Transportation Services. I understand I may

reinstate my child's transportation services upon written request and showing a need due to

family or economic hardship as defined by the Transportation Waiver Policy.

Parent/Guardian Signature: _____

Parent/Guardian Printed Name: _____

Date _____ Day Time Telephone: _____

Email Address: _____

For District Use Only

Date Waiver Received: _____

BOE Notification Date: _____