New Jersey Department of Education
Office of School Finance

(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.

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: Mount St. Dominic Academy

Phone: (973) 226-0660 Address of School: 3 Ryerson Avenue, Caldwell, NJ 07006

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): 09/08/26 Date school closes (mm/dd/yy): 06/11/27

School hours: 8:00 am AM to 2:45 pm 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):