

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

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

I understand that, if eligible, the Bloomington BOE
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 U.S.A. 18A:39-1c, I agree to waive said transportation services provided

by the Bloomington BOE 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

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

transportation services to my child for the 20 17 20 18 school year. I have

received and read the Bloomington BOE 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: _____

Please mail back to:
Bloomington BOE
Attn: Transportation
225 Glenwild Avenue
Bloomington, NJ 07403

For District Use Only

Date Waiver Received: _____
BOE Notification Date: _____