

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

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

I understand that, if eligible, the BLOOMINGDALE 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 BLOOMINGDALE BOE. I understand that I will

Local Board of Education

be responsible to provide transportation for my child _____

Student's Name

to and from _____ school each school day and the

School of Attendance

BLOOMINGDALE BOE

will not be required to provide

Local Board of Education

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

received and read the BLOOMINGDALE 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: _____

For District Use Only

Date Waiver Received: _____

BOE Notification Date: _____