

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

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

I understand that, if eligible, the _____

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 _____ . 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

Bloomington

will not be required to provide

Local Board of Education

transportation services to my child for the 20 20 - 20 21 school year. I have

received and read the _____ Bloomington _____ 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: _____

GUIDELINES FOR DEVELOPING A BOARD POLICY
FOR THE REINSTATEMENT OF
STUDENT TRANSPORTATION SERVICES

18A:39-1c Waiver for pupil transportation services under certain circumstances.

1. a. Notwithstanding the provisions of N.J.S.18A:39-1 or any other section of law to the contrary, a school district shall not be required to provide transportation services for the school year to an elementary school pupil who lives more than two miles from his public school of attendance or to a secondary school pupil who lives more than 2 1/2 miles from his public school of attendance if the pupil's parent or guardian signs a written statement that the pupil waives transportation services for that school year. The written statement shall be in such form as determined by the Department of Education.
- b. In the event that a parent or guardian signs a waiver pursuant to subsection a. of this section, the school district shall develop a policy for the provision of transportation services to the pupil in the case of a family or economic hardship.

The above statute:

1. Permits parents or guardians to waive the right to student transportation for eligible students for the school year by signing a statement to that effect developed by the Department of Education.
2. Requires the school district to adopt a policy providing for the reinstatement of these services due to family or economic hardship.

In adopting its policy, the school district may consider, but is not limited to, the following requirements:

1. Waivers and reinstatements are subject to board approval.
2. Criteria for determining family or economic hardship.
3. Submission of proof of family or economic hardship.
4. The acceptance of more than one waiver and reinstatement within the school year.
5. The length of time between the receipt of the Reinstatement of Transportation Services Request Form and the estimated start date of transportation.

In addition, the board may consider a review of its policy by the board attorney.

REINSTATEMENT OF TRANSPORTATION SERVICES REQUEST FORM

In order to request reinstatement of student transportation services, please complete the following.

To be completed by the PARENT/GUARDIAN. Please print.

I understand transportation services can be resumed upon request should my family experience a family or economic hardship that prevents us from transporting our child.

I previously waived student transportation services for my child _____
Student's Name
to and from _____ school.
School of Attendance

As of _____, I am no longer able to transport my child due to a family or
Date
economic hardship, as defined in the _____
Local Board of Education

Transportation Waiver Policy. I therefore request reinstatement of transportation services for the 20 20 - 20 21 school year. I am providing proof of my family/economic hardship as required by the Transportation Waiver Policy.

I further understand, if approved, the reinstatement of transportation services will occur according to the _____ Bloomingdale _____ policy after receipt of the
Local Board of Education
completed Reinstatement of Transportation Services Request Form accompanied by acceptable documentation of the hardship and approval by the local board of education.

Parent/Guardian Signature: _____

Parent/Guardian Printed Name: _____

Date: _____

For District Use Only	
Date Request Received:	_____
BOE Approval Date:	_____
Date Transportation Reinstated:	_____