

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

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

I understand that, if eligible, the WESTAMPTON TWP PUBLIC SCHOOL DISTRICT
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 WESTAMPTON TWP PUBLIC SCHOOL DISTRICT . I understand that I will
Local Board of Education

be responsible to provide transportation for my child _____

to and from HOLLY HILLS ELEMENTARY school each school day and the
Student's Name

WESTAMPTON TWP. PUBLIC SCHOOL DISTRICT will not be required to provide
School of Attendance
Local Board of Education

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

received and read the WESTAMPTON TWP. PUBLIC SCHOOL DISTRICT 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: _____