

BERKELEY TOWNSHIP SCHOOL DISTRICT

TRANSPORTATION DEPARTMENT

10 EMORY AVENUE

BAYVILLE, NEW JERSEY 08721-2414

Telephone: (732) 269-1302

Facsimile: (732) 269-7089

E-mail address: bfitzpatrick@btboe.org

REQUEST FOR REINSTATEMENT OF TRANSPORTATION SERVICES

TO BE COMPLETED BY PARENT/GUARDIAN (PLEASE PRINT)

In accordance with N.J.S.A. 18A:39-1c, I previously waived transportation services provided by Berkeley Township School District for my child, _____, to and from
(Name of Child)
_____. As of _____, I am no longer able to
(School of Attendance) *(Date)*
transport my child due to a family or economic hardship and, therefore, request reinstatement of transportation services for the 2017-2018 School Year. I further understand that if seating is available and approved, it will take two (2) business days after the Transportation Department receives this completed form.

Student Name: _____

School: _____

Parent/Guardian: _____
(Printed Name)

Parent/Guardian: _____
(Signature)

Daytime Phone Number: _____

E-Mail Address: _____

Date: _____

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FOR OFFICE USE ONLY

Date Request Received: _____

Approval Date: _____

Date Transportation Reinstated: _____