APPLICATION FOR PRIVATE SCHOOL TRANSPORTATION

PLEASE SUBMIT A SEPARATE APPLICATION FOR EACH CHILD ATTENDING PRIVATE SCHOOL

SEPT. – JUNE

_____

INSERT SCHOOL YEAR ABOVE

JERSEY CITY PUBLIC SCHOOLS
TRANSPORTATION DEPARTMENT
346 CLAREMONT AVENUE
JERSEY CITY, NJ 07305

FOR OFFICE USE ONLY

MILEAGE _____

APPROVED ☐ YES ☐ NO

NAME OF CURRENT SCHOOL _____ DATE APPLICATION RECEIVED _____

SCHOOL ADDRESS _____ _____
NUMBER AND STREET CITY AND STATE

SCHOOL PHONE NUMBER _____

CHECK ONE NEW APPLICATION ☐ RENEWAL APPLICATION ☐

*****PLEASE PRINT WITHIN THE SQUARES*****

PARENT/GUARDIAN NAME ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
LAST FIRST

PUPIL'S NAME ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
LAST FIRST

HOME ADDRESS _____
NUMBER AND STREET

_____
CITY, STATE AND ZIP CODE

PHONE NUMBERS ( ) _____ ( ) _____ ( ) _____
HOME WORK CELL

PUPIL'S DATE OF BIRTH _____ GRADE OF PUPIL _____

DISTANCE FROM HOME TO SCHOOL _____
MILES TENTHS

FOR OFFICE USE ONLY

(MEASURED VIA SHORTEST PUBLIC ROADWAY OR WALKWAY IN MILES AND TENTHS)

SCHOOL ATTENDED LAST YEAR _____
NAME ADDRESS ZIP

NEAREST INTERSECTION TO STUDENT RESIDENCE _____

DATE SCHOOL OPENS _____ DATE SCHOOL CLOSES _____

THE UNDERSIGNED DOES SOLEMNLY DECLARE AND CERTIFY THAT THE ABOVE REQUEST FOR TRANSPORTATION REIMBURSEMENT IS JUST AND TRUE.

DATE _____ PARENT/GUARDIAN SIGNATURE _____

PARENT/GUARDIAN SOCIAL SECURITY NO. _____