NEW JERSEY STATE DEPARTMENT OF EDUCATION (SECOND SEMESTER)

Division of Finance

Office of Student Transportation **Grade of student** _____

REQUEST FOR PAYMENT OF TRANSPORTATION AID - PRIVATE SCHOOL STUDENT

This request shall be filed by the parent or guardian of eligible nonpublic school students with the secretary of the local school district for the first and second semesters upon request. This request must be filed prior to the end of the fiscal year (N.J.A.C. 6A:27-2.1(c)).

I, _____ do hereby certify that _____
(Print full name of Parent or Guardian) (Print full Name of Student)

who resides at _____ has been transported to
(Street Address & City of Student)

_____ situated in _____
(Nonprofit Private School) (City) (State)

not more than 20 miles from the residence of the student for the period of time from _____
Month Day Year

to _____ . In consideration thereof, I hereby request payment of transportation aid pursuant
Month Day Year

to N.J.S.A. 18A:-39-1.

I do solemnly declare and certify under the penalties of the law that this request for payment is correct in all it's particulars, and that I am not claiming reimbursement or receiving transportation from any other school district for the same period of time.

_____ _____
(Today's Date) (Signature of Parent or Guardian)

WHEN PROPERLY EXECUTED, THIS FORM MAY BE ACCEPTED AS AN OFFICIAL VOUCHER. THE LOCAL BOARD OF EDUCATION MAY PAY TRANSPORTATION AID BASED ON THIS CLAIM PURSUANT TO N.J.S.A. 18A:39-1 and 18A:19-3