

FORM

Clearview Regional BOARD OF EDUCATION

Parental Transportation Services Waiver Form Student Transportation Services

To be completed by the Parent/Guardian – Please Print

I understand, that if eligible, the Clearview Regional 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 Clearview Regional Board of Education. I understand that I will be responsible to provide transportation for my child _____ to and from

Student's Name

the Clearview Regional School District (High School or Middle School) each day and the Clearview Regional Board of Education will not be required to provide transportation services to my child for the 2020/2021 school year. I have received and read the Clearview Regional Board of Education's Transportation 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: _____

