

Berkeley Heights Board of Education

Transportation Office
345 Plainfield Avenue, Berkeley Heights, NJ 07922
908-464-2533

***REINSTATEMENT OF TRANSPORTATION
SERVICES REQUEST FORM***

To be completed by the parent/guardian:

I understand transportation services can be resumed upon request should my family experience a family or economic hardship that prevents us from transporting our child.

I previously waived student transportation services for my child (print name) _____
to and from (school of attendance) _____ School. As of (date)

_____, I am no longer able to transport my child due to a family or economic hardship, as defined in the Berkeley Heights Board of Education policy regarding *Waiver of Pupil Transportation*.

I therefore request reinstatement of transportation services for the 20__-20__ school year. I am providing proof of my family/economic hardship as required by the *Waiver of Pupil Transportation* policy. I further understand, if approved, the reinstatement of transportation services will occur according to the Berkeley Heights Board of Education policy after receipt of the completed Reinstatement of Transportation Services Request Form accompanied by acceptable documentation of the hardship and approval by the Berkeley Heights Board of Education.

Parent/Guardian Signature: _____

Parent/Guardian Printed Name: _____

Date: _____

Day Time Telephone: _____

Email Address: _____