

**Berkeley Heights Board of Education**

Transportation Office

345 Plainfield Avenue, Berkeley Heights, NJ 07922

908-464-2533

***TRANSPORTATION SERVICES WAIVER FORM***

*To be completed by the parent/guardian:*

I understand that, if eligible, the Berkeley Heights 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 Berkeley Heights Board of Education. I understand that I will be responsible to provide transportation for my child (print name) \_\_\_\_\_ to and from (print name of school)

\_\_\_\_\_ School each school day and the Berkeley Heights Board of

Education will not be required to provide transportation services to my child for the 20\_\_ - 20\_\_

school year. I have received and read the Berkeley Heights Board of Education policy regarding

*Waiver of Pupil Transportation* 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 *Waiver of Pupil Transportation*

policy.

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Day Time Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_