

(B6T) APPLICATION FOR PRIVATE SCHOOL TRANSPORTATION

Please submit a separate application for each child to the private school

SCHOOL YEAR **2017-2018**

RESIDENT DISTRICT BOARD OF EDUCATION _____

STUDENT'S NAME _____ DATE OF BIRTH _____
LAST FIRST MIDDLE MONTH DAY YEAR

GENDER _____ PARENT/GUARDIAN NAME _____ DAYTIME PHONE _____
M or F AREA CODE + NUMBER

HOME ADDRESS _____ CITY or TWP _____ ZIP _____

NEAREST INTERSECTION TO STUDENT'S RESIDENCE _____

MAILING ADDRESS _____ ZIP _____

FULL NAME OF SCHOOL TO BE ATTENDED **Immaculate Conception School** PHONE _____

ADDRESS OF SCHOOL **314 Old Allerton Road, Annandale NJ 08801**

STUDENT'S GRADE FOR THE COMING YEAR _____ SHORTEST ONE-WAY MILEAGE BETWEEN HOME AND SCHOOL _____
(MEASURED VIA THE SHORTEST ROUTE ALONG PUBLIC ROADWAYS OR WALKWAYS IN MILES AND TENTHS)

DATE SCHOOL OPENS **September 2017** CLOSES **6/2018** SCHOOL HOURS FROM **8:00** MILES TENTHS AM TO **2:45** PM

NAME AND ADDRESS OF SCHOOL OF ATTENDANCE IN PRIOR YEAR _____

DATE _____ SIGNATURE _____

DO NOT WRITE BELOW THIS LINE * FOR PUBLIC SCHOOL USE ONLY

YOUR APPLICATION HAS BEEN REVIEWED BY THE RESIDENT DISTRICT BOARD OF EDUCATION. THE FOLLOWING DETERMINATION HAS BEEN MADE:

_____ TRANSPORTATION WILL BE PROVIDED _____ YOU ARE ELIGIBLE FOR PAYMENT IN LIEU OF TRANSPORTATION

_____ INELIGIBLE _____ (REASON)

DATE _____ SIGNATURE _____ TITLE _____

INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR PRIVATE SCHOOL TRANSPORTATION (B6T) N.J.A.C. 6A:27-2.5

1. IT IS THE OBLIGATION OF THE PARENT OR GUARDIAN OF PRIVATE SCHOOL STUDENTS TO:

< ANNUALLY OBTAIN THE APPLICATION FOR PRIVATE SCHOOL TRANSPORTATION FROM THE ADMINISTRATIVE OFFICE OF THE PRIVATE SCHOOL FOR EACH STUDENT FOR WHICH TRANSPORTATION SERVICES ARE BEING REQUESTED. SUBMIT A SEPARATE APPLICATION FOR EACH STUDENT.

NOTE:

- o IF THERE IS A CHANGE OF HOME ADDRESS, A NEW APPLICATION SHALL BE SUBMITTED TO THE PUBLIC SCHOOL DISTRICT OF RESIDENCE.
- o IF THERE IS A CHANGE IN THE NONPUBLIC SCHOOL OF ATTENDANCE, A NEW APPLICATION SHALL BE SUBMITTED TO THE PUBLIC SCHOOL DISTRICT OF RESIDENCE.

< COMPLETE THIS APPLICATION AND RETURN IT TO THE PRIVATE SCHOOL ON OR BEFORE MARCH 10TH PRECEDING THE SCHOOL YEAR IN WHICH TRANSPORTATION IS BEING REQUESTED.

LATE APPLICATIONS – ANY APPLICATION RECEIVED AFTER MARCH 10TH WILL BE A LATE APPLICATION AND MUST BE ACCOMPANIED BY A STATEMENT OF THE REASON FOR LATENESS. ELIGIBLE STUDENTS WILL RECEIVE TRANSPORTATION OR AID IN LIEU OF TRANSPORTATION BASED ON THE DATE THE APPLICATION IS RECEIVED BY THE PUBLIC SCHOOL.

2. IT IS THE OBLIGATION OF THE NONPUBLIC SCHOOL ADMINISTRATOR TO ANNUALLY COLLECT THE APPLICATION AND SUBMIT IT TO THE PUBLIC SCHOOL FROM WHICH TRANSPORTATION IS BEING REQUESTED PRIOR TO MARCH 15TH.

3. IT IS THE OBLIGATION OF THE PUBLIC SCHOOL ADMINISTRATOR TO NOTIFY THE PARENT OR GUARDIAN AS TO THE DETERMINATION OF EACH APPLICATION BY AUGUST 1ST.

A DISTRICT BOARD OF EDUCATION SHALL PAY AID IN LIEU OF TRANSPORTATION TO THE PARENT OR GUARDIAN OF AN ELIGIBLE STUDENT ONLY AFTER RECEIVING A SIGNED "REQUEST FOR PAYMENT OF TRANSPORTATION AID" VOUCHER AS PRESCRIBED BY THE COMMISSIONER OF EDUCATION.

INDIVIDUAL STUDENT REQUEST FOR LOAN OF TEXTBOOKS

CLINTON TOWNSHIP SCHOOL DISTRICT

2017-2018 School Year

Public School District: CLINTON TOWNSHIP SCHOOL DISTRICT

Address: PO Box 6 Annandale, NJ 08801

Nonpublic School: Immaculate Conception School

Address: 314 Old Allerton Rd. Annandale, NJ 08801

Please print below information:

Name of Student:

Grade (as of 9/2017):

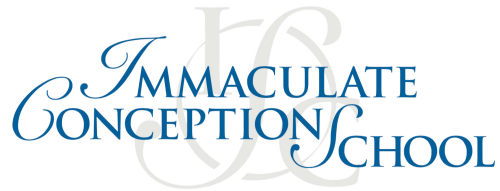
Name of Parent:

Parent Address (Street, City, State, Zip Code):

Under the provisions of N.J.S.A. 18A: 58-37.1 et seq., I hereby request the **Clinton Township School District** to loan textbooks to the **Immaculate Conception School** in which my child is enrolled as a full time student. I certify that my above named child and I are residents of the State of New Jersey. I understand that the board of education of the public school district in which the nonpublic school is located has oversight of the State funds designated for providing the loan of textbooks to nonpublic school students pursuant to law, regulations and availability of funding.

Signature of Parent/Guardian: _____

Date: _____



**314 Old Allerton Road
Annandale, NJ 08801**

Request for Records

Date: _____

Name: _____

Grade: _____

Date of Birth: _____

This student has enrolled in Immaculate Conception School, Clinton, New Jersey
Please send the following:

- _____ Health records
- _____ Academic records
- _____ Attendance records
- _____ Standardized test scores
- _____ Psychological tests/IEP

Thank you for your prompt attention.

Cynthia C. Kitts
Principal

I authorize (Name of School) _____
(Address) _____
(City/State/Zip) _____

to send my child's school records to Immaculate Conception School

Signature of Parent/Guardian: _____