NEW JERSEY STATE DEPARTMENT OF EDUCATION
Division of Finance
Office of Student Transportation

REQUEST FOR PAYMENT OF TRANSPORTATION AID - CHARTER AND RENAISSANCE SCHOOL STUDENTS

This request shall be filed by the parent or guardian of eligible charter and renaissance 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:27-3.4(b)).

I, ____________________________, do hereby certify that ____________________________ (Name of Student)

who resides at ____________________________ (Address of Student - Street #, City/Town, State, and Zip Code)

______________________________ (Charter/Renaissance School) has been transported to ____________________________ (City) ____________________________ (State)

for the period of time from ____________________________ (Month) ____________________________ (Day) ____________________________ (Year)

to ____________________________ (Month) ____________________________ (Day) ____________________________ (Year)


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

______________________________ (Date)

______________________________ (Signature of Parent or Guardian)

______________________________ (Daytime Telephone Number)