

SCHOOL YEAR **2021 - 2022**

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 **ST. JAMES SCHOOL** PHONE _____

ADDRESS OF SCHOOL **341 AMBOY AVENUE, WOODBRIDGE, NEW JERSEY 07095**

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 2021** CLOSSES _____ SCHOOL HOURS FROM **7:50** AM TO **2:20** PM
MILES TENTHS

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