PARENTAL TRANSPORTATION SERVICES WAIVER FORM STUDENT TRANSPORTATION SERVICES

To be completed by the Parent/Guardian. Please print.

I understand that	t, if eligible, the	Princeton Public Schools
Local Board of Education is obligated to transport my child to and from school pursuant to N.J.S.A. 18A:39-1 <i>et seq</i> .		
In accordance with N.J.S.A. 18A:39-1c, I agree to waive said transportation services provided		
by the	Princeton Public School	ols . I understand that I will
be responsible to provide transportation for my child		
to and from		Student's Name school each school day and the
	School of Attendance Princeton Public Schools	will not be required to provide
transportation se	Local Board of Education ervices to my child for the 20	20 - 20 21 school year. I have
received and read the Princeton Public Schools Transportation		
Local Board of Education Waiver Policy 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 Transportation Waiver Policy.		
Parent/Guardian Signature:		
Parent/Guardian Printed Name:		
Date Day Time Telephone:		
Email Address:		
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		For District Use Only
		Date Waiver Received:
		BOE Notification Date: