



ROCKAWAY BOROUGH PUBLIC SCHOOL DISTRICT

103 EAST MAIN STREET
ROCKAWAY, NEW JERSEY 07866
TEL: 973-625-8600 FAX: 973-625-7355

Student Transportation Services Waiver Form

I understand that, if eligible, the Rockaway Borough 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 Rockaway Borough Board of Education. I understand that I will be responsible to provide transportation for my child _____

Student's Name

to and from _____ school each school day and the

School of Attendance

Rockaway Borough Board of Education will not be required to provide transportation services to my child for the 2020 – 2021 school year.

I understand I may reinstate my child's transportation services upon written request and showing a need due to family or economic hardship.

Parent/Guardian Signature: _____

Parent/Guardian Printed Name: _____

Date: _____

Daytime Telephone: _____

Email Address: _____