

**PARENTAL TRANSPORTATION SERVICES WAIVER FORM  
STUDENT TRANSPORTATION SERVICES**

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

I understand that, if eligible, the Glassboro 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 Glassboro Board of Education I understand that I will

be responsible to provide transportation for my child \_\_\_\_\_

to and from \_\_\_\_\_ school each school day and the

Student's Name

\_\_\_\_\_ will not be required to provide

School of Attendance

Glassboro Board of Education

Local Board of Education

transportation services to my child for the 2021-2022 school year.

\_\_\_\_\_

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

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_

Date \_\_\_\_\_ Day Time Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

For District Use Only

Date Waiver Received: \_\_\_\_\_

BOE Notification Date: \_\_\_\_\_