

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

**REQUEST FOR PAYMENT OF TRANSPORTATION AID - CHOICE SCHOOL STUDENT**

This request shall be filed by the parent or guardian of eligible choice 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:27-4.1(c)2)).

I, \_\_\_\_\_ do hereby certify that \_\_\_\_\_  
(Parent or Guardian) (Name of Student)

who resides at \_\_\_\_\_ has been transported to \_\_\_\_\_  
(Address of Student - Street #, City/Town, State, and Zip Code)  
\_\_\_\_\_ situated in \_\_\_\_\_  
(Choice School) (City) (State)

not more than 20 miles from the residence of the student for the period of time from \_\_\_\_\_  
Month Day Year

to \_\_\_\_\_ . In consideration thereof, I hereby request payment of transportation aid pursuant  
Month Day Year

to N.J.S.A. 18A:-39-1.

I do solemnly declare and certify under the penalties of the law that this request for payment is correct in all it's 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)

WHEN PROPERLY EXECUTED, THIS FORM MAY BE ACCEPTED AS AN OFFICIAL VOUCHER. THE LOCAL BOARD OF EDUCATION MAY PAY TRANSPORTATION AID BASED ON THIS CLAIM PURSUANT TO N.J.S.A. 18A:39-1 and 18A:19-3