## STATE OF NEW JERSEY - DEPARTMENT OF EDUCATION

## Office of Student Transportation

		(B8T) Private Sch	ool Transpo	rtation	Summar	У				
(1)		School Year								
(2) Re	esident County Code:	(3) Resident District Code:								
(4)			(5) Return To:	:Resident Public School District						
Private School Name			Resident Public School District							
Street Address			_	Street Address						
	Munic	_	Municipality							
(a) (b)			(c)	(c) (d) (e) (f) (g) (h) (i)					(j)	
	(5)	(~)	(0)	(ω)	(0)	(.)	Certification			()/
No.	Student Name	Student Address	Constituent District Code	Grade	Miles Home to School (one-way)	Status	January Payment	(x)	May Payment	(x)
										<del>                                     </del>
										-
										<u> </u>
I cer	tify that the information	in column (h) for the January	certification is	correct.	Signature	Priv	vate Schoo	ol Ac	Iministrato	
I certify that the information in column (j) for the May certification is correct.						Private School Administrator				