

INDIVIDUAL PUPIL REQUEST FOR LOAN OF TEXTBOOKS

2019 – 2020 SCHOOL YEAR

DATE: _____

Public School District: _____
Address: _____

Non-Public School: HOLY CROSS SCHOOL

40 RUMSON ROAD

RUMSON, NEW JERSEY 07760

Name of Pupil: _____

Grade: _____

Name of Parent: _____

Under the provisions of N.J.S.A. 18A: 58-37.1 et seq., I hereby request the

_____ (name of Public School District) to loan textbooks to
HOLY CROSS SCHOOL (**non-public school**) in which my child is enrolled. I certify that my
above named child and I are residents of the State of New Jersey. I understand that the board of
education of the public school district in which the non-public school is located with state funding
is responsible for providing the loan of textbooks to non-public school pupils pursuant to law and
regulations.

Signature Parent/Guardian: _____

Date: _____

(B6T) APPLICATION FOR PRIVATE SCHOOL TRANSPORTATION

Please submit a separate application for each child to the private school

SCHOOL YEAR **2019-2020** RESIDENT DISTRICT BOARD OF EDUCATION _____
STUDENT'S NAME _____ DATE OF BIRTH _____
LAST FIRST MIDDLE MONTH DAY YEAR
PARENT OR GUARDIAN _____ DAYTIME PHONE _____
AREA CODE + NUMBER
HOME ADDRESS _____ CITY or TWP _____ ZIP _____
NEAREST INTERSECTION TO STUDENT'S RESIDENCE _____
MAILING ADDRESS _____ ZIP _____
FULL NAME OF SCHOOL TO BE ATTENDED **Holy Cross School** PHONE **732-842-0348**
ADDRESS OF SCHOOL **40 Rumson Road, Rumson, NJ 07760**

STUDENT'S GRADE FOR THE COMING YEAR _____ SHORTEST ONE-WAY MILEAGE BETWEEN HOME AND SCHOOL _____ (MEASURED VIA THE SHORTEST ROUTE ALONG PUBLIC ROADWAYS OR WALKWAYS IN MILES AND TENTHS)
MILES TENTHS
DATE SCHOOL OPENS **September 2019** CLOSSES **June 2020** SCHOOL HOURS FROM **8:00** AM TO **2:30** PM
NAME AND ADDRESS OF LAST SCHOOL OF ATTENDANCE _____
DATE _____ SIGNATURE _____

DO NOT WRITE BELOW THIS LINE * FOR PUBLIC SCHOOL USE ONLY

YOUR APPLICATION HAS BEEN REVIEWED BY THE RESIDENT DISTRICT BOARD OF EDUCATION. THE FOLLOWING DETERMINATION HAS BEEN MADE:
_____ TRANSPORTATION WILL BE PROVIDED _____ YOU ARE ELIGIBLE FOR PAYMENT IN LIEU OF TRANSPORTATION
_____ INELIGIBLE _____ (REASON)
DATE _____ SIGNATURE _____ TITLE _____

INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR PRIVATE SCHOOL TRANSPORTATION (B6T) N.J.A.C. 6A:27-2.5

- IT IS THE OBLIGATION OF THE PARENT OR GUARDIAN OF PRIVATE SCHOOL STUDENTS TO:
 - ANNUALLY OBTAIN THE APPLICATION FOR PRIVATE SCHOOL TRANSPORTATION FROM THE ADMINISTRATIVE OFFICE OF THE PRIVATE SCHOOL FOR EACH STUDENT FOR WHICH TRANSPORTATION SERVICES ARE BEING REQUESTED. SUBMIT A SEPARATE APPLICATION FOR EACH STUDENT.

NOTE:

 - IF THERE IS A CHANGE OF HOME ADDRESS, A NEW APPLICATION SHALL BE SUBMITTED TO THE PUBLIC SCHOOL DISTRICT OF RESIDENCE.
 - IF THERE IS A CHANGE IN THE NONPUBLIC SCHOOL OF ATTENDANCE, A NEW APPLICATION SHALL BE SUBMITTED TO THE PUBLIC SCHOOL DISTRICT OF RESIDENCE.
 - COMPLETE THIS APPLICATION AND RETURN IT TO THE PRIVATE SCHOOL ON OR BEFORE MARCH 10TH PRECEDING THE SCHOOL YEAR IN WHICH TRANSPORTATION IS BEING REQUESTED.

LATE APPLICATIONS – ANY APPLICATION RECEIVED AFTER MARCH 10TH WILL BE A LATE APPLICATION AND MUST BE ACCOMPANIED BY A STATEMENT OF THE REASON FOR LATENESS. ELIGIBLE STUDENTS WILL RECEIVE TRANSPORTATION OR AID IN LIEU OF TRANSPORTATION BASED ON THE DATE THE APPLICATION IS RECEIVED BY THE PUBLIC SCHOOL.
 - IT IS THE OBLIGATION OF THE NONPUBLIC SCHOOL ADMINISTRATOR TO ANNUALLY COLLECT THE APPLICATION AND SUBMIT IT TO THE PUBLIC SCHOOL FROM WHICH TRANSPORTATION IS BEING REQUESTED PRIOR TO MARCH 15TH.
 - IT IS THE OBLIGATION OF THE PUBLIC SCHOOL ADMINISTRATOR TO NOTIFY THE PARENT OR GUARDIAN AS TO THE DETERMINATION OF EACH APPLICATION BY AUGUST 1ST.
- A DISTRICT BOARD OF EDUCATION SHALL PAY AID IN LIEU OF TRANSPORTATION TO THE PARENT OR GUARDIAN OF AN ELIGIBLE STUDENT ONLY AFTER RECEIVING A SIGNED "REQUEST FOR PAYMENT OF TRANSPORTATION AID" VOUCHER AS PRESCRIBED BY THE COMMISSIONER OF EDUCATION.



Non-Consent for Use of Students Name(s) and/or Photo(s)

Dear Parent/Guardian,

Throughout the school year, our students receive various awards, participate in school-sponsored events and create outstanding projects and work that Holy Cross School would like to share with the community.

With your permission, we would like to publish your child(ren)'s accomplishments and/or photos in our press releases to local and Diocesan newspapers, the Holy Cross web site and in school publications/marketing materials which may be distributed to the general public via postal service, newspaper, television, the Internet and other forms of mass distribution.

This Non-Consent Form will be kept on file for the present school year AND MUST BE RENEWED ANNUALLY. It can be changed or rescinded at any time by notifying the school office IN WRITING.

If this form is not returned, Holy Cross will assume we have your permission to include your child(ren)'s name and/or photo in items published for school publicity.

 I DO NOT give permission for my child's name or photo to be included in any publicity about Holy Cross.

I DO give permission for my child's name or photo to be included in any publicity about Holy Cross.

Child(ren)'s Name(s) (Please Print)

Grade

Parent's Signature _____ Date _____