



Mountainside Board Of Education

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www.mountainsideschools.org



REINSTATEMENT OF TRANSPORTATION SERVICES REQUEST FORM

I understand that transportation services can be resumed upon request should my family experience a family or economic hardship that prevents us from transporting our child.

I previously waived free student transportation for my child _____
(Name of Student)

to and from _____ school.
(School of Attendance)

As of _____, I am no longer able to transport my child due to a family or
(Date)

economic hardship, as defined in the Mountainside School District Transportation Waiver Policy.

I therefore request reinstatement of transportation services for the remainder of the 2024-2025 school year. I am providing proof of my family/economic hardship as required by the Transportation Waiver Policy. I further understand, if approved, the reinstatement of transportation services will occur according to the Mountainside School District policy after receipt of the completed Reinstatement of Transportation Services Request Form accompanied by acceptable documentation of the hardship and approval by the Mountainside School District.

Parent/Guardian's Signature _____

Parent/Guardian Printed Name _____

Date _____

For District Use Only

Date Request Received _____

BOE Approval Date _____

Date Transportation Reinstated _____