

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

(B7T) REQUEST FOR PAYMENT OF TRANSPORTATION AID - PRIVATE SCHOOL STUDENT

This request shall be filed by the parent or guardian of eligible nonpublic 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:27-2.1(c)).

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 _____ (City) (State)
(Nonprofit Private School)

not more than 20 miles from the residence of the student for the period of time from 2/1/2022
Month Day Year

to 6/30/2022 . 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)

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

DIRECTIONS

IF YOU HAVE NOT COMPLETED THE B7T FORM BY 6/30/2022 YOU WILL NOT RECEIVE AN AIDE IN LIEU PAYMENT

Please print except for your signature.

Fill out one form for each child that you submitted a B6T for, for the 2021-2022 school year.

Please use the same name for yourself and your child as you used on the B6T form that you submitted for the 2021-2022 school year, as this form will be matched to the B6T form and any inconsistency will severely delay your AIL payment.

This form must be filled out in its entirety or your payment will be severely delayed.

We must receive an original copy of this form. Copies will severely delay your AIL payment.

If you have any questions please email B6Tquestion@jacksonsd.org

Please mail this form back to:

Jackson Township BOE
151 Don Connor Blvd.
Jackson, NJ 08527
Attn: Cathy Turner