



# Rochelle Park School District

*Dr. Richard Brockel*  
INTERIM SUPERINTENDENT

## Board of Education

300 Rochelle Avenue  
Rochelle Park, NJ 07662  
Phone: 201-843-3120  
Fax: 201-843-5358  
<http://rp.bergen.org>

*Cheryl Jiosi*  
BUSINESS ADMINISTRATOR/BOARD  
SECRETARY

*Ellen Kobylarz*  
BOARD RECORDING SECRETARY

### 2018 – 2019 (B7T) Request for Payment of Transportation Aid

Dear Parent/Guardian:

According to our records, you are scheduled to receive reimbursement payments for transportation for the 1<sup>st</sup> semester of the 2018-2019 school year. The New Jersey State Department of Education guidelines require that the attached (B7T) Request for Payment of Transportation Aid form be completed for **each** child receiving transportation reimbursement prior to issuing payment.

Kindly complete the enclosed form(s) and return to the Rochelle Park Board of Education Business Office by Wednesday, January 30, 2019 to ensure reimbursement payment for the 1<sup>st</sup> semester.

**NOTE: CHECKS FOR TRANSPORTATION REIMBURSEMENT WILL NOT BE RELEASED TO ANYONE WHO HAS NOT COMPLETED MANDATORY DISTRICT RE-REGISTRATION BY JANUARY 31, 2019. PLEASE SEE ENCLOSED LETTER.**

Additionally, this form will need to be completed at the end of the 2<sup>nd</sup> semester and returned to the Rochelle Park Board of Education Business office in June, 2019. During the month of May, a reminder email will be sent to those parents who supply their current email address on the bottom of their 1<sup>st</sup> semester form. Failure to complete and submit the (B7T) Request for Payment of Transportation Aid form by the deadline stated can result in loss of reimbursement.

For your convenience, this form can also be found on the Rochelle Park Board of Education website:

**[rp.bergen.org](http://rp.bergen.org)**  
(Administration, Business Office, Forms)

Feel free to contact me with any questions.

Cheryl Jiosi  
Business Administrator/Board Secretary

Enc.

/bob

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)

\_\_\_\_\_ situated in \_\_\_\_\_  
(Nonprofit Private 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 its 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**

**E-MAIL:** \_\_\_\_\_

**RETURN TO:**

Rochelle Park Board of Education  
300 Rochelle Avenue  
Rochelle Park, NJ 07662

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

Month Day Year

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

E-MAIL: \_\_\_\_\_

**RETURN TO:**

Rochelle Park Board of Education  
30 Rochelle Avenue  
Rochelle Park, NJ 07662