



## Jin-A Child Care Center

77 Jay Street, Clifton, NJ 07013

Tel: 973-279-1203, Fax: 973-279-0126

E-mail: [jinaschool@verizon.net](mailto:jinaschool@verizon.net) Web: [www.jinaschool.com](http://www.jinaschool.com)



Welcome to Jin-A!

Thank you for enrolling your child in our program.

Since Jin-A is a state certified center, we are obliged to follow NJ state regulations and procedures.

1. Please find the enclosed yearly calendar.
2. Please fill out registration forms (Registration Form, Enrollment Agreement, Medical Authorization Form and Inclusion and Exclusion Plan) and return them with a \$100 registration fee and a \$75 book fee to the office.
3. Please read the Family Handbook and check each policy on the Enrollment Agreement Form.
4. Universal Health Record has to be signed by your health care provider. (Record must have been signed in the last 6 months) Please ask them to attach the copy of Immunization record.
5. Jin-A is not able to give any medication (prescription and non-prescription) without written permission form from Parents and directions from a healthcare provider. If it is necessary please fill out the Emergency Medication Plan with parents and doctors signatures.
6. If your child has Food Allergy or Asthma, please ask your doctor to fill out Action Plan. Forms are available at the office or Jin-A website.
7. We communicate with parents by e-mail weekly. Please write your e-mail address clearly on the registration form and update promptly.
8. A two-week trial period is given for any new enrollee before acceptance into the program.
9. Please read Payment Policy on the Tuition Schedule to avoid extra fees for late payment, vacation and withdrawal. (or Family Handbook page 9, 10)

Thank you for your cooperation. If you have any questions please do not hesitate to call us at 973-279-1203.

Jin-A Office





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Dear Parents,

Thank you so much for enrolling your child in our Kindergarten program.

Just like all schools we have to comply with State Health Regulations, which require us to document **the immunization updates**, as well as a complete **physical examination**. The immunization record should include complete (month, day and year) dates for the following immunizations:

1. DTap: a total of 4 doses with one of these doses on or after 4th birthday OR any 5 doses
2. Polio: a total of 3 doses with one of these doses given on or after the 4th birthday OR any 4 doses
3. MMR: 2 doses
4. Varicella (Chicken Pox): 1 dose
5. Hepatitis B: 3 doses

The enclosed Medical Form is to be completed by your child's doctor and should be returned to Jin-A office by the first day of school.

We are also adding the “**Individual Pupil Request for Loan of Textbooks**”, which should be returned to Jin-A as soon as possible. We can purchase textbooks through the Board of Education with this form.

Because we are a private school you are eligible for transportation reimbursement (some towns are not). To get the refund, it is the responsibility of the parent to return your “**B6T Application for Private School Transportation**” to school ASAP. All pertinent information must be listed, (i.e. date of birth, mileage, nearest intersection, etc.) and the signature of the parent is required.

If you have any questions, please call us!

Thank you!

Jin-A Office.



# Jin-A Kindergarten Calendar 2024-2025



Tel: 973-279-1203 Fax: 973-279-0126  
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September 2024	October 2024	November 2024	December 2024
Su Mo Tu We Th Fr Sa	Su Mo Tu We Th Fr Sa	Su Mo Tu We Th Fr Sa	Su Mo Tu We Th Fr Sa
1 <del>2</del> 3 4 5 6 7	1 2 3 4 5	1 2	1 2 3 4 5 6 7
8 9 10 11 12 13 14	6 7 8 9 10 11 12	3 4 5 6 7 8 9	8 9 10 11 12 13 14
15 16 17 18 19 20 21	13 <del>14</del> 15 16 17 18 19	10 11 12 13 14 15 16	15 16 17 18 19 20 21
22 23 24 25 26 27 28	20 21 22 23 24 25 26	17 18 19 20 21 22 23	22 23 24 <del>25</del> <del>26</del> <del>27</del> <del>28</del>
29 30	27 28 29 30 31	24 25 26 27 <del>28</del> <del>29</del> 30	<del>29</del> <del>30</del> <del>31</del>
January 2025	February 2025	March 2025	April 2025
Su Mo Tu We Th Fr Sa	Su Mo Tu We Th Fr Sa	Su Mo Tu We Th Fr Sa	Su Mo Tu We Th Fr Sa
1 <del>2</del> 3 4	1	1	1 2 3 4 5
5 6 7 8 9 10 11	2 3 4 5 6 7 8	2 3 4 5 6 7 8	6 7 8 9 10 11 12
12 13 14 15 16 17 18	9 10 11 12 13 14 15	9 10 11 12 13 14 15	13 14 15 16 17 <del>18</del> 19
19 <del>20</del> 21 22 23 24 25	16 <del>17</del> 18 19 20 21 22	16 17 18 19 20 21 22	<del>20</del> <del>21</del> <del>22</del> <del>23</del> <del>24</del> <del>25</del> <del>26</del>
26 27 28 29 30 31	23 24 25 26 27 28	23 24 25 26 27 28 29	27 28 29 30
		30 31	
May 2025	June 2025		
Su Mo Tu We Th Fr Sa	Su Mo Tu We Th Fr Sa		
1 2 3	1 2 3 4 5 6 7		
4 5 6 7 8 9 10	8 9 10 11 12 13 14		
11 12 13 14 15 16 17	<del>15</del> <del>16</del> <del>17</del> <del>18</del> 19 20 21		
18 19 20 21 22 23 24	<del>22</del> <del>23</del> <del>24</del> <del>25</del> <del>26</del> <del>27</del> <del>28</del>		
25 <del>26</del> 27 28 29 30 31	<del>29</del> <del>30</del>		

- Sep. 2 ..... Labor Day (closed)
- Sep. 3 ..... First Day of School
- Oct. 14 ..... Columbus Day (closed)
- Nov. 28, 29 ..... Thanksgiving Recess (closed)
- Dec. 25 ~ 31.... Christmas Break (closed)
- Jan. 1 ..... New Year's Day off (closed)
- Jan. 2 ..... School Re-opens
- Jan. 20 ..... Martin Luther King Jr. Day (closed)
- Feb. 17 ..... President's Day (closed)
- Apr. 18 ..... Good Friday (closed)
- Apr. 21 ~ 25 .... Spring Break (closed)
- May 26 ..... Memorial Day (closed)
- Jun. 13 ..... Graduation, Last day

**(This includes 4 snow days that need not be made up)**

186 school days



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## Registration Form Kindergarten

Child's Name \_\_\_\_\_ Sex \_\_\_\_\_

Birth Date \_\_\_\_\_ Ethnicity \_\_\_\_\_ Rel. Affiliation \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

E-Mail Addresses \_\_\_\_\_

Father's Name (Legal Guardian) \_\_\_\_\_ Work Phone \_\_\_\_\_

Company Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_

Mother's Name (Legal Guardian) \_\_\_\_\_ Work Phone \_\_\_\_\_

Company Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_

Person authorized to assume responsibility for the child if parent is not available

Name \_\_\_\_\_ Relationship with family \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Other children in your family

Name	Date of Birth	Sex
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\_\_\_\_\_

\_\_\_\_\_

Enrollment \_\_\_\_\_ 9-3pm \_\_\_\_\_ 9-5pm (Full Day)

Early Care (7:30-9:00am)

Late Care (5:00-6:00pm)

Early & Late Care (7:30am-6:00pm)

### Pick Up

The child will be picked up by parents only \_\_\_\_\_

I give permission to the following people to pick up my child:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

By my signature, I attest to the following:

\* That the above information is correct.

\* That in the event of a medical emergency, I authorize Jin-A Child Care Center to seek emergency medical care for my child as deemed necessary by the director or administrative assistant.

\* That I have received and read the Parents Handbook.

\* That my child is in good health and has no restrictions.

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_





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## **INCLUSION AND EXCLUSION PLAN / DISMISSAL OF CHILDREN (POLICY)** **(REGARDING, but not exclusive to COVID-19 PANDEMIC)**

We understand families' level of concern during this time regarding the potential impact of the novel coronavirus (COVID-19) in our community. As the school re-opens, we ask that your child be well enough to participate in the full program, including outdoor play.

Parents and families must be diligent in preventing the spread of the disease by monitoring children and following these guidelines. We will continue to maintain regular communication and collaboration between the teachers and the parents to best serve the interests of the students.

### **A. Please see the following guidelines for Jin-A's plans for re-opening:**

- Daily health checks of each child will be performed on arrival each day. Staff will objectively determine if the child is ill or well. Staff will determine if children with mild illnesses, allergy-related symptoms, or non-COVID 19 symptoms can remain in care or need to be excluded.
- Staff will notify the parent/guardian when a child develops new signs or symptoms of illness.
- Parent/guardian notification will be immediate for emergency or urgent issues.
- Staff will notify parents/guardians of children who have symptoms that require exclusion, and parents/guardians should remove the child from the child care setting as soon as possible.
- For children whose symptoms do not require exclusion, written notification from the pediatrician by the parent/guardian is required.

### **B. Temporary exclusion is recommended when the child has any of the following conditions:**

1. A severely ill appearance—this could include lethargy/lack of responsiveness, irritability, persistent crying, difficult breathing, or having a quickly spreading rash.
2. A cough with fever, rapid or difficult breathing, and/or wheezing
3. Fever (temperature  $>100.0^{\circ}\text{F}$  [ $37.8^{\circ}\text{C}$ ] by any method) with a behavior change
4. The illness prevents the child from participating comfortably in activities.
5. The illness results in a need for care that is greater than the staff can provide without compromising the health and safety of other children.

### **C. PROCEDURES:**

1. **For a Child Who Requires Exclusion while on Jin-A's campus, the caregiver/teacher will:**
  - Make decisions about providing care 6 feet apart that is comfortable for the child while awaiting parent/guardian pickup on a case-by-case basis, considering factors such as the child's age, surroundings, potential risk to others, and type and severity of symptoms the child is exhibiting. (The child will be supervised by someone who knows the child well and who will continue to observe the child for new or worsening symptoms.)
  - If symptoms do not allow the child to remain in his or her usual care setting while awaiting pickup, the child should be separated from other children by at least 6 feet until the child leaves to help minimize exposure of staff and children who were not previously in close contact with the child.

- All who have been in contact with the ill child should wash their hands. Toys, equipment, and surfaces used by the ill child should be cleaned and disinfected after the child leaves.
- Discuss the signs and symptoms of the illness with the parent/guardian who is assuming care.
- Contact the local health department if there is a question of a reportable (harmful) infectious disease in a child or staff member in the facility. If there are conflicting opinions from different primary care providers about the management of a child with a reportable infectious disease, the health department has the legal authority to make a final determination.
- Document actions in the child's file with date, time, symptoms, and actions taken (and by whom); sign and date the document.
- In collaboration with the local health department, notify any parents/guardian/staff with contact to the child with presumed or confirmed reportable infectious disease.
- *Symptom-based precautions* require **at least 10 Days have passed since symptoms** attributed to COVID-19 first appeared **AND** at least **3 days** symptom-free.
- *Testing-based precautions* require **at least two negative specimens AND** resolution of fever (without use of fever-reducing medication), AND improvement in illness signs and symptoms.

## **2. Conditions/Symptoms That Do Not Require Exclusion:**

- Seasonal allergies;
- Common colds;
- Runny noses (regardless of color or consistency of nasal discharge);
- Watery, yellow or white discharge or crusting eye discharge without fever, eye pain, or eyelid redness; or
- Yellow or white eye drainage that is not associated with pink or red conjunctiva (e.g., the whites of the eyes).

## **3. Preventative Measures and Monitoring:**

- During drop-off and pick-up, we ask that parents do not come inside the classrooms;
- Wear cloth masks or face coverings;
- Temperature scans of students will be conducted daily;
- Clean hands often using soap and water or alcohol-based hand sanitizer;
- Avoid people who are sick (coughing and sneezing);
- Clean and disinfect high-touch surfaces (several times per day) in common areas (e.g. tables, hard-backed chairs, doorknobs, light switches, remotes, handles, desks, toilets, sinks);
- Launder items daily including washable plush toys as appropriate in accordance with the manufacturer's instructions. If possible, launder items using the warmest appropriate water setting for the items and dry items completely. Dirty laundry from an ill person can be washed with other people's items.

## **4. In the event of confirmed person with COVID-19, Jin-A Child Care Center will follow the CDC's guidelines for reporting to the Local Health Department, who will determine time (if any) for closure.**

**D. Release of and Waiver from Liability**

This Release of and Waiver from Liability (“Release”) is executed by the parent(s) in favor of Jin-A Child Care Center, Inc., their directors, officers, employees, and agents and releases liability in the event of infection of diseases contracted at Jin-A on the premises located at Jin-A Child Care Center, 77 Jay Street, Clifton, NJ 07013.

1. **Release and Waiver:** The parent(s) hereby release and forever discharge and hold harmless Jin-A Child Care Center from any liability, loss, cost and expense (including, without limitation, attorneys’ fees and costs) arising from or connected with the COVID-19 in connection with staff, parents or other classmates at Jin-A Child Care Center, 77 Jay Street, Clifton, NJ 07013.
  
2. **Assumption of Risk:** The Director of Jin-A Child Care Center has posted all necessary signage at the site (77 Jay Street, Clifton, NJ 07013) advising that the premises are being disinfected on a regular basis, hand washing policies are consistent with CDC recommendations, and children who exhibit symptoms are asked to stay home.
  
3. **Execution:** Upon signing the Enrollment Agreement, you acknowledge that you will also inform other family members, or authorized person(s) who pick up your child, about the need to protect staff, parents and children at Jin-A Child Care Center.

Upon signing this Exclusion / Inclusion Policy, you declare that you have read this Release and its contents of your free will and accord. The laws of the State of New Jersey govern this Release of and Waiver from Liability.

\_\_\_\_\_

\_\_\_\_\_  
PRINTED NAME OF STUDENT

I, \_\_\_\_\_, have been notified of the policies and procedures  
(CLEARLY PRINT PARENT’S NAME)

of Jin-A’s Exclusion and Inclusion plan. My signature further acknowledges I will hold Jin-A Child Care Center, and all of its agents harmless and assume sole responsibility to manage these risks with my personal primary care provider.

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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## Medical Authorization Form

Medical Authorization For \_\_\_\_\_  
Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

I, the undersigned parent or guardian, having legal custody of the above-named minor, hereby authorize Jin-A Child Care Center, into whose care said minor has been entrusted, to consent to any emergency medical treatment or hospital care to be rendered to said minor upon the advice of a physician or surgeon licensed under the provision of the Medical Practice Act or by a dentist licensed under the provisions of the Dental Practice Act.

I further authorize Jin-A Child Care Center to have said minor released into the custody of a Jin-A Child Care Center staff, should hospital care no longer be required.

This form is to be used **only in an EMERGENCY**, when I am unable to be contacted.

Medical Information: Please mention any information that may be helpful to hospital staff.

Allergies to medication or food \_\_\_\_\_

Ongoing Medication use by Child \_\_\_\_\_

Health problems (asthma, heart condition, seizures, diabetes, sickle cell. Etc....) \_\_\_\_\_

Other comments \_\_\_\_\_

Child's Health Care provider

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Child's Health insurance

Name of Insurance Plan \_\_\_\_\_ Policy # \_\_\_\_\_

Subscriber's Name \_\_\_\_\_ Member ID # \_\_\_\_\_

List preference for transportation arrangement in an emergency situation (Parent/guardians are responsible for all transportation charges)

Hospital preference: 1<sup>st</sup> choice \_\_\_\_\_ 2<sup>nd</sup> choice \_\_\_\_\_

Emergency contact to whom child may be released if parent/guardian is unavailable:

Name & relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

As parent/guardian, I give consent to have my child receive first aid by the Jin-A Child Care staff.

I authorize Jin-A Child Care Staff to contact and share health information with both my child's **Health Care provider** and emergency contact if it is considered necessary.

I give consent for the emergency contact person listed above to act on my behalf until I am available.

I understand I will be responsible for all charges not covered by the insurance.

Parent/Legal Guardian # 1 \_\_\_\_\_  
Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Legal Guardian # 2 \_\_\_\_\_  
Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Home Phone \_\_\_\_\_ Mom (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Other Phone \_\_\_\_\_ Dad (work) \_\_\_\_\_ (cell) \_\_\_\_\_



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## Physical Examination Report

Name \_\_\_\_\_

Birthdate \_\_\_\_\_

Grade \_\_\_\_\_ Room \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_

Blood Pressure \_\_\_\_\_

Nutrition \_\_\_\_\_

Posture \_\_\_\_\_

Skin \_\_\_\_\_

Eyes/Lids \_\_\_\_\_

Vision Acuity R \_\_\_\_\_ L \_\_\_\_\_

Vision with Glasses R \_\_\_\_\_ L \_\_\_\_\_

Hearing R \_\_\_\_\_ L \_\_\_\_\_

Nose \_\_\_\_\_

Throat \_\_\_\_\_

Lymph Nodes \_\_\_\_\_

Heart \_\_\_\_\_

Lungs \_\_\_\_\_

Spine/Joints \_\_\_\_\_

Scoliosis \_\_\_\_\_

Feet \_\_\_\_\_

Nervous System \_\_\_\_\_

Deformities \_\_\_\_\_

Tanner Scale \_\_\_\_\_

### Lead Level

Date of Last Test \_\_\_\_\_

Highest Level \_\_\_\_\_

DATE OF PHYSICAL EXAMINATION

Telephone Number

### Immunizations

DPT/DaPT (Circle Type)

#1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_

#4 \_\_\_\_\_ #5 \_\_\_\_\_ Tdap \_\_\_\_\_

OPV/IPV (Circle Type)

#1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_

#4 \_\_\_\_\_ #5 \_\_\_\_\_

MMR #1 \_\_\_\_\_ #2 \_\_\_\_\_

HIB #1 \_\_\_\_\_ #2 \_\_\_\_\_

#3 \_\_\_\_\_ #4 \_\_\_\_\_

Hepatitis B #1 \_\_\_\_\_ #2 \_\_\_\_\_

#3 \_\_\_\_\_

Hepatitis A #1 \_\_\_\_\_ #2 \_\_\_\_\_

Varivax #1 \_\_\_\_\_ #2 \_\_\_\_\_

Prevnar #1 \_\_\_\_\_ #2 \_\_\_\_\_

#3 \_\_\_\_\_ #4 \_\_\_\_\_

Menactra \_\_\_\_\_

Gardasil #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_

### Tuberculin Test

PPD Intradermal Date \_\_\_\_\_

Date Read \_\_\_\_\_ Result \_\_\_\_\_ mm

If Positive, Chest x-ray Date \_\_\_\_\_ Results \_\_\_\_\_

### REMARKS

Please indicate any known allergies, medical conditions, medications and any restrictions for physical activities.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Full participation in school activities permitted.  
Please check box, if applies.

Physician's Signature

\_\_\_\_\_  
Physician's Name printed or use stamp



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## EMERGENCY MEDICATION PLAN

JCCC is not able to give any medication (prescription and non-prescription) without written permission from parents and directions from a healthcare provider.

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_

### \*FEVER ACTION PLAN

Due to past seizures, other medical conditions, or distance of parent's work from childcare facility, Jin-A Child Care request a standing prescription for fever reducing medication. Medications should be brought to the office.

Temperature	Medication	How Much	How Often/When
100°F			
101°F			
102°F			
103°F			

Physician's Name \_\_\_\_\_ Phone# \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_  
\* valid one year

I give permission for my child to receive the above named medication(s) as prescribed.

Parent / Guardian's Name \_\_\_\_\_ phone# \_\_\_\_\_

Parent / Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_  
\* valid one year

### OTHER

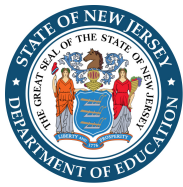
Jin-A Child Care requests parent's permission for the following over-the-counter medications. Medications should be brought to the office.

\_\_\_\_\_ I give permission for my child to have his/her own **sun lotion and sun protection** applied.

\_\_\_\_\_ I give permission for my child to have his/her own **diaper cream** applied.

Parent / Guardian's Name \_\_\_\_\_ phone# \_\_\_\_\_

Parent / Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_  
\* valid one year



New Jersey Department of Education  
Office of Interdistrict Choice and Nonpublic Schools

**Individual Student Request Form for Loan of Textbooks**

Date:

**Public School Information**

Public School District:

Street Address:

City:

State:

Zip Code:

**Nonpublic School Information**

Nonpublic School:

Street Address:

City:

State:

Zip Code:

**Student Information**

Name of Student:

Grade:

Name of Parent/Guardian:

**Parent/Guardian Certification**

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

to loan textbooks to the

(Public School District)

in which my child is enrolled.

(Nonpublic School)

I certify that my above-named child and I are residents of the State of New Jersey. I understand that the public school district in which the nonpublic school is located has oversight of the State funds designated for providing the loan of textbooks to nonpublic school students pursuant to law and regulations.

Signature of Parent/Guardian:

Date:

**(B6T) Nonpublic School Transportation Application (N.J.A.C 6A:27-2.5)**

**Instructions**

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It is the obligation of the parent or guardian of nonpublic school students to annually obtain the Nonpublic School Transportation Application from the administrative office of the nonpublic 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 nonpublic 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 district 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 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 "Nonpublic School Transportation Payment" voucher (B7T) as prescribed by the Commissioner of Education.

## Nonpublic School Transportation Application Form

School Year: \_\_\_\_\_ Resident District Board of Education: \_\_\_\_\_

Student Name: \_\_\_\_\_

Last

First

Middle

Date of Birth (mm/dd/yy): \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Area code + number

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Full name of school to be attended: \_\_\_\_\_

Phone: \_\_\_\_\_ Address of School: \_\_\_\_\_

Area code + number

Student's grade for the coming year: \_\_\_\_\_

Shortest one-way mileage between home and school: \_\_\_\_\_  
(shortest route along public roadways or walkways to the nearest tenth of a mile)

Date school opens (mm/dd/yy): \_\_\_\_\_ Date school closes (mm/dd/yy): \_\_\_\_\_

School hours: \_\_\_\_\_ AM to \_\_\_\_\_ PM

Name of school of attendance in prior year: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date (mm/dd/yy): \_\_\_\_\_

**Public School Use Only (Do not write below this line)**

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: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date (mm/dd/yy): \_\_\_\_\_