



Reinstatement of Transportation Services Request Form Student Transportation Services

To be completed by the Parent/Guardian. Please Print

I previously waived student transportation services for my child, _____

Student's Name

to and from _____ school.

School of Attendance

I am no longer able to transport my child; therefore, I am requesting reinstatement of transportation services for the 2020 – 2021 school year. Reinstatement of transportation services will occur after the receipt of the completed form and approval by the Superintendent and/or Washington Township Board of Education.

Parent / Guardian Signature

Parent / Guardian Printed Name

Date

Day Time Telephone Number

Email

For District Use Only:

Date Received by Transportation Office: _____

BOE Notification Date: _____

Date of Transportation Reinstatement: _____

