



Rochelle Park School District

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Dr. Sue DeNobile
SUPERINTENDENT
sdenobile@rochellepark.org

Mrs. Cheryl Jiosi
BUSINESS ADMINISTRATOR
BOARD SECRETARY
cjiosi@rochellepark.org

December 10, 2021

Dear Parent/Guardian,

According to our records, you are scheduled to receive reimbursement payments for Aid in Lieu transportation in January and June 2022. The New Jersey State Department of Education guidelines require that the attached (B7T) Request for Payment of Transportation Aid form needs to be completed for each child receiving transportation reimbursement prior to issuing payment.

Kindly complete the enclosed form and return to the Rochelle Park Board of Education Business office by Friday, January 7, 2022 to ensure January's reimbursement payment. Completed forms may be either emailed to busoff@rochellepark.org or faxed to (201) 431-1091.

Please note, that this form will need to be completed a second time and returned, by June 10, 2022. During the month of May, a reminder will be sent to those parents who supply their current email address on the bottom of their January 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: <https://www.rochellepark.org/>

Sincerely,

Michele Hastings

Michele Hastings
Assistant to the Business Administrator

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 _____
(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

EMAIL: _____