

New Jersey Department of Education
ELIGIBILITY FOR ENROLLMENT AND TRANSPORTATION



PURSUANT TO FAMILY CRISIS LAW (N.J.S.A. 18A:38-1.1)

COUNTY: _____ COUNTY NAME: _____ DISTRICT: _____ DISTRICT NAME: _____

Student Information

NJ Smart ID: _____ Student Initials: _____

Address where the student was living when the family crisis occurred: _____ City: _____ Zip Code: _____

New Address: _____ City: _____ Zip Code: _____

Date of Move: _____

Transportation Mode (check one and specify the Route information):

- Existing Route Route Number: _____ New Route Route Number: _____
 Public Transit Specify: _____ Parent Arranged Specify: _____
 Other Specify: _____

No. of days Transportation is required: _____

Estimated Cost: \$ _____

Reason for move:

Explanation of cost estimate:

District Superintendent

Sign Here: **X** _____ Print Name: _____ Date: _____

Executive County Superintendent Use Only

Student Eligibility

- Student is eligible
 Student is not eligible (give reason below)

Reason for ineligibility: _____

Executive County Superintendent

Sign Here: **X** _____ Print Name: _____ Date: _____

Transportation Reimbursement

Actual No. of Days Transported: _____

Actual costs: \$ _____

ECS - Approved Amount: \$ _____

Executive County Superintendent

Sign Here: **X** _____ Print Name: _____ Date: _____