

Scholar Name: _____ Grade: _____ (Fall of 2019)

Please answer the questions below:

1) Do you plan on having your scholar return to Beloved for the 2019-2020 School Year?

☐ Yes ☐ No ☐ Undecided at this time

2) Will you need morning school bus transportation?

☐ Yes ☐ No, I will drop off each morning

3) If yes, will the pick up address be the same?

☐ Yes ☐ No, the new pick up address is: _____
----- (please put a street address) -----

4) Will you need afternoon school bus transportation?

☐ Yes ☐ No, I will pick up at dismissal

5) If yes, will the drop off address be the same?

☐ Yes ☐ No, the new drop off address is: _____
----- (please put a street address) -----

6) I plan on having my scholar in aftercare next year:

☐ No, they will NOT be participating in the paid after school program
☐ Yes and they will need transportation -or- ☐ Yes and I will pick up

7) Please complete the next question if your scholar will be in 3rd-9th grade for SY 2019-2020:

I give permission for my scholar to walk home from 508/531 Grand St. or their assigned bus stop without parental supervision for the 2019-2020 School Year, initial ONLY ONE.

_____ Yes, my scholar may walk home from the bus stop

_____ Yes, my scholar may walk home from the school (your address must be within one mile)

_____ NO, my scholar should NOT be able to walk home

Parent Name Printed

Parent Signature

Date

All questions can be emailed to bus@belovedcss.org or by calling 201-630-4719

GRADES K THROUGH 12
CHARTER SCHOOL APPLICATION FOR TRANSPORTATION SERVICES

SEPT - JUNE

JERSEY CITY PUBLIC SCHOOLS
TRANSPORTATION DEPARTMENT
346 CLAREMONT AVENUE
JERSEY CITY, NEW JERSEY 07305

FOR JCPS USE ONLY

2019-2020

INSERT SCHOOL YEAR ABOVE

DATE _____

NAME OF CURRENT CHARTER SCHOOL BelovED Community Charter School

MILEAGE _____

APPROVED ☐ YES

☐ NO

CHARTER SCHOOL ADDRESS 508 Grand Street

NUMBER AND STREET

Jersey City, NJ

CITY AND STATE

CHARTER SCHOOL COUNTY Hudson

CHARTER SCHOOL PHONE NO. 201-630-4700

CHARTER SCHOOL ADMINISTRATOR Laura Tasic

PLEASE PRINT NAME

Laura Tasic

SIGNATURE

NEW APPLICATION

YES ☒

NO _____

RENEWAL APPLICATION

YES _____

NO _____

PLEASE PRINT WITHIN THE SQUARES

PARENT OR GUARDIAN NAME

LAST	FIRST	MIDDLE

PUPIL'S NAME

LAST	FIRST	MIDDLE

PUPIL'S STATE ID

--	--	--	--	--	--	--	--	--	--

(will be filled in by school)

HOME ADDRESS, NUMBER AND STREET _____

CITY, STATE AND ZIP CODE _____

COUNTY WHICH STUDENT RESIDES _____

TELEPHONE NUMBERS

HOME

WORK

CELL

PUPIL'S DATE OF BIRTH _____

GRADE OF PUPIL _____

PUPIL GENDER

MALE ☐

FEMALE ☐

PLEASE CHECK THE APPROPRIATE BOX

NAME AND ADDRESS OF LAST SCHOOL ATTENDED _____

DATE SCHOOL OPENS 09/04/2019

DATE SCHOOL CLOSSES 06/19/2020

PLEASE CHECK (✓) PREFERRED BUS LINE ☐ NJT ☐ NJT TRANSFER ☐ MONTGOMERY & WESTSIDE

THE UNDERSIGNED DOES SOLEMNLY DECLARE AND CERTIFY THAT THE ABOVE REQUEST FOR TRANSPORTATION IS JUST AND TRUE.

DATE _____

PARENT OR GUARDIAN SIGNATURE _____

PARENT OR GUARDIAN SOCIAL SECURITY NO. _____