

**STATE OF NEW JERSEY - DEPARTMENT OF EDUCATION
Office of Student Transportation**

(B8T) Private School Transportation Summary

(1) _____ **School Year**

(2) Resident County Code: _____

(3) Resident District Code: _____

(4) _____
Private School Name

(5) Return To: _____
Resident Public School District

Street Address

Street Address

Municipality

Municipality

	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)
	No.	Student Name	Student Address	Constituent District Code	Grade	Miles Home to School (one-way)	Status	Certification		
January Payment								(x)	May Payment	(x)

I certify that the information in column (h) for the January certification is correct. Signature _____
Private School Administrator

I certify that the information in column (j) for the May certification is correct. Signature _____
Private School Administrator