

Nonpublic School Transportation Application Form

School Year: 2024-25 Resident District Board of Education:

Student Name:

Last

First

Middle

Date of Birth (mm/dd/yy):

Parent/Guardian Name:

Daytime Phone:

Email Address:

Area code + number

Home Address:

City:

Zip:

Mailing Address:

City:

Zip:

Full name of school to be attended: Saint John Vianney
High School

Phone: 732-739-0800 Address of School: 540 A Line Rd
Area code + number Holmdel NJ 07731

Student's grade for the coming year: _____

Shortest one-way mileage between home and school: _____

(shortest route along public roadways or
walkways to the nearest tenth of a mile)

Date school opens (mm/dd/yy): 09/04/24

Date school closes (mm/dd/yy): 06/18/25

School hours: 8:00 AM to 2:23 PM

Name of school of attendance in prior year: _____

Address: _____

Signature: _____

Date (mm/dd/yy): _____

Public School Use Only (Do not write below this line)

Your application has been reviewed by the resident district board of education. The following determination has been made:

Transportation will be provided

You are eligible for payment in lieu
of transportation

Ineligible

Reason: _____

Title: _____

Signature: _____

Date (mm/dd/yy): _____