Barnegat High School

Student Driver Transportation Form

(PRINT & RETURN TO BHS MAIN OFFICE)

Name:	
Grade:	
Address:	
Parking Decal #:	
Vehicle Lic. Plate #:	
Color/Make/Model:	
Parent Name:	
Telephone #:	
the above named student will be driving t grounds. I understand that if this student transportation was being provided, they v	o inform the Barnegat Township School District that to school and will be permitted to park on school lives within 2 ½ miles of Barnegat High School and will be removed from the transportation roll. They k on the transportation roll if they are no longer
Student's Signature	Parent/Guardian's Signature
Date:	Date: