

Nonpublic School Transportation Application Form

School Year: 2026-2027 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: Resurrection Catholic School

Phone: (856) 667-3034

Address of School: 402 N Kings Hwy Cherry Hill, NJ 08034

Area code + number

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): 09/08/26

Date school closes (mm/dd/yy): 06/18/27

School hours: 8:00 am

AM to 2:45 pm

PM

Name of school of attendance in prior year: Resurrection Catholic School

Address: 402 N Kings Hwy Cherry Hill, NJ 08034

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):
