



# MULLICA TOWNSHIP SCHOOL DISTRICT

*Home of the Coyotes*

*#WeAreMullica*



*Mrs. Donna Leshner*  
Elementary School Principal

*Ms. Mary Lou DeFrancisco*  
Interim Superintendent of Schools

*Mrs. Maris Lynn*  
Middle School Principal

*Mrs. Janine Gentilini*  
Supervisor of Special Education  
and Student Services

*Mr. Todd D'Anna*  
Business Administrator

*Mrs. Helene Fullmer*  
Interim Supervisor of  
Curriculum and Instruction

## PARENTAL TRANSPORTATION SERVICES WAIVER FORM STUDENT TRANSPORTATION SERVICES 2025-2026

*To be completed by the Parent/Guardian. Please print*

I understand that, if eligible, the Mullica Township School Board of Education is obligated to  
Local Board of Education  
transport my child to and from school pursuant to N.J.S.A. 18A:39-1 *et seq.*

In accordance with N.J.S.A. 18A:39-1c, I agree to waive said transportation services provided  
by the Mullica Township School Board of Education. I understand that I will be responsible to  
Local Board of Education  
provide transportation for my child, \_\_\_\_\_ to and from

Student's Name – PLEASE PRINT

Mullica Township school each school day and the Mullica Township School Board of Education  
School of Attendance Local Board of Education

will not be required to provide transportation services to my child for the 20\_\_ - 20\_\_ school

year. I have received and read the Mullica Township School Board of Education Transportation  
Local Board of Education

Waiver Policy #3541.1 and agree to the terms for Waiving Transportation Services. I

understand I may reinstate my child's transportation services upon written request and showing  
a need due to family or economic hardship as defined by the Transportation Waiver Policy.

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_ Day Time Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

### For District Use Only

Date Waiver Received: \_\_\_\_\_

BOE Notification Date: \_\_\_\_\_