

Nonpublic School Transportation Application Form

School Year: 2025-2026 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: Darul Arqam School

Phone: (732) 238-0038

Address of School: 8 Thomas street, South River, NJ 08882

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): 08/25/25

Date school closes (mm/dd/yy): 06/19/26

School hours: 7:50 AM to 3:10 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): _____