

Transportation Department

Bridgewater-Raritan Regional School District

P.O. Box 6030 Bridgewater, New Jersey 08807-0030 (908) 722-1820 transportation@brrsd.org

TRANSPORTATION WAIVER

То:	Date:	/	/
To:(Name of School)			
We have been advised that the Bridgewater-Raritan Reg	jional Board of E	Education i	s willing to furnish
transportation for my child without cost so that he/she wil	Il not be obligate	ed to walk t	to and/or from
school. Despite that, it is our intention to have our child	walk to and/or fr	om school	or we shall
furnish his/her transportation. Therefore, we are declining	ng the Board furi	nished tran	sportation.
We are thereby waiving and releasing any rights we are	ur child might h	avo againe	t the Board of
We are thereby waiving and releasing any rights we or o	_	_	
Education for any damages or injuries that we or our chil		s a result d	of not using the
transportation which is made available by the Board of E	ducation.		
Pupil's Name:			
Grade: Teacher:			
Parent/Guardian Signature:			
Address:			