

## SOMERSET COUNTY EDUCATIONAL SERVICES COMMISSION

991 Route 22 West, Suite 102 ♦ Bridgewater, NJ 08807

**Coordinated Transportation Request: September 1, 2018 – June 30, 2019****Type of Transportation**  Special Education  Nonpublic  Public **Date** \_\_\_\_\_**Student Name** \_\_\_\_\_ **NJ State ID#** \_\_\_\_\_  
(Last Name, First Name) (10 digits)**Address** \_\_\_\_\_  
(Street, City, State, Zip)**Two Nearest Cross Roads** \_\_\_\_\_ **Classification** \_\_\_\_\_**Door to Door?**  Yes  No **District Internal ID#** \_\_\_\_\_**Date of Birth** \_\_\_\_\_  Male  Female **Grade** \_\_\_\_\_**Parent/Guardian** \_\_\_\_\_ **Home Phone** \_\_\_\_\_**Cell Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_**Emergency Contact** \_\_\_\_\_ **Phone** \_\_\_\_\_**Destination** \_\_\_\_\_**Address** \_\_\_\_\_  
(Street, City, State, Zip)**Phone** \_\_\_\_\_ **Contact** \_\_\_\_\_**Start Date** \_\_\_\_\_ **End Date** \_\_\_\_\_  Mon - Fri M  Tu  W  Th  F**Time: Start** \_\_\_\_\_  a.m.  p.m. **Time: End** \_\_\_\_\_  a.m.  p.m.Does **student's IEP require transportation?**  Yes  NoDoes **student's IEP require an aide be put on the bus?**  Yes  NoDoes **student require a nurse?**  Yes  No **Is student allowed off bus without an adult present?**  
 Yes  NoDoes **student require a 1:1 aide?**  Yes  No **Does district require an aide on the bus?**  Yes  No**Wheelchair**  Manual  Motorized **Seat**  Car seat  Booster seat  Seatbelt lock  Harness **Specify weight if necessary** \_\_\_\_\_**Requires**  Close supervision  Yellow school bus  
 Medical attention  Air conditioning**Specific information regarding medical issues and/or behavior patterns:**  
\_\_\_\_\_  
\_\_\_\_\_**District (to be billed)** \_\_\_\_\_ **County** \_\_\_\_\_**Transportation Contact** \_\_\_\_\_ **Phone** \_\_\_\_\_**Authorized Signature** \_\_\_\_\_ **Title** \_\_\_\_\_For Special Education Transportation: email PDF to [specialtrans@sc.esc.k12.nj.us](mailto:specialtrans@sc.esc.k12.nj.us) or fax to 908-429-3947.For Public/Nonpublic Transportation: email PDF to [pnpcord@sc.esc.k12.nj.us](mailto:pnpcord@sc.esc.k12.nj.us) or fax to 908-541-0472.