For Office Use Only

SOMERSET COUNTY EDUCATIONAL SERVICES COMMISSION

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

Coordinated Transportation Request: September 1, 2016 – June 30, 2017

Type of Transportation ☐ Special Education ☐ Nonpublic ☐ Public **Date** _____

Student Name (Last Name, First Name) _____ **NJ State ID#** (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 ☐ No

Does **student's IEP require an aide be put on the bus**? ☐ Yes ☐ No

Does **student require a nurse**? ☐ Yes ☐ No Is **student allowed off bus without an adult present**? ☐ Yes ☐ No

Does **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 ☐ Medical attention ☐ Yellow school bus ☐ 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 specialedtrans@sc.esc.k12.nj.us or fax to 908-429-3947.
For Public/Nonpublic Transportation: email PDF to pnpcoord@sc.esc.k12.nj.us or fax to 908-541-0472.