

# SOMERSET COUNTY EDUCATIONAL SERVICES COMMISSION

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

## Student Withdrawal Form

Route #/School \_\_\_\_\_

Student Name (Last Name, First Name) \_\_\_\_\_ NJ State ID# (10 digits) \_\_\_\_\_

Address (Street, City, State, Zip) \_\_\_\_\_

District Internal ID# \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date of Withdrawal \_\_\_\_\_

District \_\_\_\_\_ County \_\_\_\_\_

Transportation Contact \_\_\_\_\_ Phone \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Title \_\_\_\_\_

For Special Education Transportation: email PDF to [specialdtrans@sc.esc.k12.nj.us](mailto:specialdtrans@sc.esc.k12.nj.us) or fax to 908-429-3947.  
For Public/Nonpublic Transportation: email PDF to [pnpcoord@sc.esc.k12.nj.us](mailto:pnpcoord@sc.esc.k12.nj.us) or fax to 908-541-0472.