

**SOMERSET COUNTY EDUCATIONAL SERVICES COMMISSION**

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

**Coordinated Transportation Request: September 1, 2019 – June 30, 2020**

**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

a.m.     p.m.                       M  Tu  W  Th  F

**Time: Start** \_\_\_\_\_ **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     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** \_\_\_\_\_