

SOMERSET COUNTY EDUCATIONAL SERVICES COMMISSION

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

Coordinated Transportation Request: ESY 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
 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 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 _____