

SOMERSET COUNTY EDUCATIONAL SERVICES COMMISSION

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

Coordinated Transportation Request: September 1, 2020 – June 30, 2021

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 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** _____