

**SOMERSET COUNTY EDUCATIONAL SERVICES COMMISSION**

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

**Coordinated Transportation Request:** ESY 2017

**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                      **Seat**     Car seat                       Seatbelt lock                      Specify weight if necessary  
 Motorized                       Booster seat                       Harness

**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** \_\_\_\_\_