

**SPECIAL EDUCATION COORDINATED TRANSPORTATION REQUEST**

**ROUTE**

NEW REQUEST

CHANGE REQUEST

DELETE REQUEST

HOMELESS

DCP&P

**Submit a separate request for each student requiring transportation services** School Year

DISTRICT REQUESTING TRANSPORTATION			
TRANSPORTATION START DATE		END DATE	
STUDENT NAME:			NJ STATE ID#
ADDRESS:			
<small>STREET (Must be physical address)</small>		<small>CITY</small>	<small>STATE</small>
PARENT / GUARDIAN NAME:		CONTACT NUMBER:	
EMAIL ADDRESS			
EMERGENCY CONTACT NAME:		EMERGENCY CONTACT NUMBER	
DOB:	GRADE:	SEX:	CLASSIFICATION:

SCHOOL OF ATTENDANCE:	<b>Please include a school calendar!!</b>
SCHOOL ADDRESS:	
<small>STREET</small>	<small>CITY</small>
<small>AM</small>	<small>STATE</small>
<small>PM</small>	<small>ZIP</small>
SCHOOL HOURS:	EARLY DISMISSAL

**DOES THIS STUDENT HAVE AN IEP**

- Does this student's I.E.P. REQUIRE the assignment of an ASSIST-ALL AIDE on the vehicle?**
- Does this student's I.E.P. REQUIRE a ONE-TO-ONE (1:1) AIDE on the vehicle**
- Does this student's I.E.P. REQUIRE the assignment of a NURSE on the vehicle?**
- If Yes, does the NURSE remain with the student all day at school?**
- Does the student require a parent/guardian to be at home to receive student off the bus?**

SPECIFIC TRANSPORTATION REQUIREMENTS		(CUSTOMER HARNESS MEASUREMENTS REQUIRED)		
SAFETY HARNESS		Chest size (required)	Waist size (required)	
Car Seat	Wheelchair	Air Conditioned vehicle	Seizures	Door to Door

Other information / comments pertinent to ensure the safe transportation of this student

**SIGNATURE**

**TITLE**

**\*NOTE\*** Your district will continued to be billed for transportation until a completed CMCSSD Notice of Cancellation (form) is received. **No Exceptions!**

FOR CMCSSD USE ONLY:	Route #	Contractor:	Price:
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