

**CAPE MAY COUNTY SCHOOLS TRANSPORTATION DEPARTMENT
PHONE (609) 465-2720 extensions 7731 and 1985**

STUDENT TRANSPORTATION REQUEST

NEW CHANGE HOMELESS DCP&P DELETE RENEWAL

CONTRACTOR			ROUTE NUMBER		
DISTRICT		SY	START DATE		END DATE
STUDENT NAME			STUDENT NJ ID#		
DATE OF BIRTH	GRADE	SEX	STUDENT ADDRESS		
PARENT / GUARDIAN					
HOME PHONE					
EMAIL ADDRESS					
EMERGENCY CONTACT:			NEAREST INTERSECTION		
EMERGENCY PHONE:					
NAME & ADDRESS OF SCHOOL					
			PICK UP / DROP OFF (IF DIFFERENT)		
SCHOOL HOURS	AM	PM			
DOES STUDENT HAVE AN IEP					

SPECIAL STUDENT NEEDS: (Please check and/or specify)

- | | |
|--|--|
| <input type="checkbox"/> 1:1 student bus aide
<input type="checkbox"/> (CPR / <input type="checkbox"/> Sign Language)
<input type="checkbox"/> General bus aide
<input type="checkbox"/> (CPR / <input type="checkbox"/> Sign Language)
<input type="checkbox"/> Wheelchair lift | <input type="checkbox"/> Car Seat <input type="checkbox"/> Weight (must specify child's weight)
<input type="checkbox"/> Safety Vest <input type="checkbox"/> (must specify child's shirt size)
<input type="checkbox"/> Air conditioned bus
<input type="checkbox"/> Seizure protocol
<input type="checkbox"/> other specify _____ |
|--|--|

Any additional information pertinent for driver for a safe trip: _____

APPLICATIONS MUST BE RETURNED TO

Cape May County Schools Transportation Office
sdever@cmcspecialservices.org and eheitzmann@cmcspecialservices.org

PLEASE SUBMIT A SEPERATE APPLICATION FOR EACH STUDENT

for CMCS office use only			
Route #			
Date started	Date cancelled	Date changed	
Notifications sent:	vendor	district	bus pass