

REQUEST FOR COORDINATED **SUMMER 2011 SPECIAL EDUCATION** TRANSPORTATION

MOESC • 900 Hope Rd • Tinton Falls, NJ 07712 • 732.695.7805 • FAX 732.493.6435/732.493.5120 www.moescschoolbus.org

Submit a separate request for each student requiring transportation services NO LATER THAN 4/29/11

DISTRICT REQUESTING TRANSPORTATION _____

TRANSP START DATE _____ END DATE _____ SID#: _____

STUDENT NAME _____

ADDRESS _____
STREET (MUST be actual street address) CITY ZIP

PARENT/GUARDIAN _____ HOME PHONE # _____

WORK PHONE: _____ CELL PHONE: _____ DOB _____ GRADE _____ SEX _____

Where should student be picked up: _____ Phone: _____ Contact: _____
(if different from home address)

Where should student be dropped off: _____ Phone: _____ Contact: _____
(if different from home address)

SCHOOL OF ATTENDANCE _____ Bldg #: _____

ADDRESS _____ PHONE: _____

STUDENT'S DAILY SCHEDULED HOURS _____ AM/PM -- TO _____ AM/PM

Does this student's I.E.P. REQUIRE the assignment of an aide on the vehicle? Yes _____ No _____
If YES, does this student's I.E.P REQUIRE a one-to-one aide on the vehicle? Yes _____ No _____

Please check if your district requests the assignment of an aide to assist all of the students on the vehicle _____
(not required by IEP)

OTHER INFORMATION/COMMENTS NEEDED TO ENSURE THE HEALTH & SAFETY OF THE STUDENT:

Student's Classification _____

Wheelchair: Standard _____ Motorized _____ Stroller-Type _____ Other: _____

Car Seat: Yes _____ No _____ If yes, Age: _____ Weight: _____

Booster Seat: Yes _____ No _____ If yes, Age: _____ Weight: _____

Subject to Seizures? Petite Mal _____ Grand Mal _____

Braces, Crutches or Walker: (specify) _____

Does the student require an Air Conditioned Vehicle? Yes _____ No _____

Allergies: Latex _____ Peanut _____ Bee Sting _____ Other _____

EMERGENCY CONTACT PERSON _____ ADDRESS _____

PHONE: _____ ADDITIONAL EMERGENCY PHONE: _____

SIGNATURE/TITLE Date

Note: Your district will be billed until Written notification to cancel this request for transportation is received. No exceptions will be made.

FOR MOESC USE ONLY:

ROUTE #: _____
ROUTE # _____

CONTRACTOR: _____ (TO SCHOOL)
CONTRACTOR: _____ (FROM SCHOOL)