

REQUEST FOR COORDINATED **TEMPORARY** SY 2011-2012 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

DISTRICT REQUESTING TRANSPORTATION _____

DATE TRANSPORTATION IS TO START _____ SID # _____

STUDENT NAME _____

MOTEL OR SHELTER _____ ROOM # _____

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 #: _____

CONTRACTOR: _____

