

REQUEST FOR COORDINATED **VOCATIONAL SY 2010-2011** 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 7/6/10

DISTRICT REQUESTING TRANSPORTATION _____

TRANSPORTATION START DATE: _____ END DATE: _____

STUDENT NAME: _____

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

HOME PHONE: _____ DOB _____ GRADE _____ SEX _____

PARENT/GUARDIAN _____ WORK PHONE: _____

VOCATIONAL SCHOOL OF ATTENDANCE _____

ADDRESS OF VOC PROGRAM _____ PHONE #: _____
(this must be answered)

VOCATIONAL SESSION STUDENT WILL ATTEND AM _____ MID DAY _____ PM _____ (CHECK ONE)

DAILY SCHEDULED HOURS _____ TO _____

CAREER CENTER PRE-VOC ASSESSMENT DATES _____ TO _____

***PICK UP LOCATION** _____

***RETURN LOCATION** _____
(The above two questions must be answered)

Does this student's I.E.P. REQUIRE the assignment of an aide on the vehicle? Yes _____ No _____

ADDITIONAL INFORMATION NECESSARY TO ARRANGE COORDINATED VOCATIONAL TRANSPORTATION:

Student's Classification _____
Wheelchair: Standard _____ Motorized _____ Stroller-Type _____ Other: _____
Does the student require an **Air Conditioned Vehicle**? Yes _____ No _____

EMERGENCY CONTACT PERSON: _____ ADDRESS: _____
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 #: IN _____ CONTRACTOR: _____
ROUTE #: MID _____ CONTRACTOR: _____
ROUTE #: OUT _____ CONTRACTOR: _____

