

MOESC * **2019-2020 VOCATIONAL** * COORDINATED TRANSPORTATION REQUEST
100 Tornillo Way • Tinton Falls, NJ 07712 • 732-389-5555 x5 • FAX 732-493-6435/732-493-5120 (www.moescschoolbus.org)

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

DISTRICT REQUESTING TRANSPORTATION: LONG BRANCH

TRANSPORTATION START DATE: _____ END DATE: _____ NJ STATE ID#: _____

ONLY FILL DATES OUT BELOW IF STUDENT IS "VISITING" THE PROGRAM FOR SHORT PERIOD OF TIME, OTHERWISE USE LINE ABOVE

CAREER CENTER PRE-VOC ASSESSMENT DATES: FROM _____ TO _____

STUDENT NAME: _____

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

PARENT/GUARDIAN: _____ HOME PHONE: _____ CELL PHONE: _____
(CHECK Primary Contact Phone #)

EMERGENCY CONTACT PERSON (other than listed above): _____ PHONE: _____

DOB: _____ GRADE: _____ CLASSIFICATION: _____ SEX: _____

VOCATIONAL SCHOOL OF ATTENDANCE: Career Center

ADDRESS OF VOCATIONAL SCHOOL: 1000 Kozloski Rd, Freehold, NJ 07728 PHONE: (732) 431-3773

VOCATIONAL SESSION STUDENT WILL ATTEND: AM MID-DAY PM (Check **ONE** Box Only)

DAILY SCHEDULED SCHOOL HOURS: START TIME: _____ (AM / PM) END TIME: _____ (AM / PM)

If AM Shared Time, by what time does the student need to return to the High School: _____

***PICK-UP LOCATION:** _____
***RETURN LOCATION:** _____

Does this student have an I.E.P.?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does this student's I.E.P. REQUIRE the assignment of an ASSIST-ALL AIDE on the vehicle?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does this student's I.E.P. REQUIRE a ONE-TO-ONE (1:1) AIDE on the vehicle?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does this student's I.E.P. or Classification REQUIRE a HOME stop?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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

Wheelchair: Standard Motorized Stroller-Type Other _____ **Subject to Seizures:** Yes No
Braces: **Crutches:** **Walker:** **Vest/Harness:** Specify Shirt Size: _____ Specify Weight: _____
Allergies: Latex Peanut Bee Sting Other _____

SIGNATURE/TITLE DATE

*** NOTE: Your district will be billed until a completed **MOESC Notice of Cancellation (form)** is received. No exceptions! ***

FOR MOESC USE ONLY:
ROUTE #: IN _____ CONTRACTOR: _____
ROUTE #: MID _____ CONTRACTOR: _____
ROUTE #: OUT _____ CONTRACTOR: _____