MOESC * **2019-2020 SPECIAL EDUCATION** * 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#:** _____

>>> (**10 digits MUST be entered**) <<<

STUDENT NAME: _____

ADDRESS: _____ Long Branch, NJ _____ 07740 _____

STREET (**MUST** be actual street address)   CITY   ZIP

PARENT/GUARDIAN: _____   **HOME PHONE:** _____   **CELL PHONE:** _____

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

DOB: _____   **GRADE:** _____   **CLASSIFICATION:** _____   **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)

Is student allowed off vehicle without an adult present: **Yes** ☐   **No** ☐

SCHOOL OF ATTENDANCE: _____ **Bldg #**: _____

ADDRESS: _____ **PHONE**: _____

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

Does this student have an I.E.P.?	**Yes** ☐	**No** ☐
Does this student's I.E.P. REQUIRE the assignment of an ASSIST-ALL AIDE on the vehicle?	**Yes** ☐	**No** ☐
Does this student's I.E.P. REQUIRE a ONE-TO-ONE (1:1) AIDE on the vehicle?	**Yes** ☐	**No** ☐
Does this student's I.E.P. REQUIRE the assignment of a NURSE on the vehicle?	**Yes** ☐	**No** ☐
If Yes, does the NURSE require transportation to/from his or her car?	**Yes** ☐	**No** ☐
If Yes, does the NURSE remain with the student all day at school?	**Yes** ☐	**No** ☐
Does this student attend Extended School Year (ESY)?	**Yes** ☐	**No** ☐

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

SPECIFIC TRANSPORTATION REQUIREMENTS: MUST ANSWER ALL BELOW

   Yellow School Bus (w/lights): ☐   *Small Minivan:* ☐   *No Vehicle Preference:* ☐

Wheelchair: Standard ☐ Motorized ☐ Stroller-Type ☐ Other _____   *Subject to Seizures:*   Yes ☐   No ☐

Braces: ☐   *Crutches:* ☐   *Walker:* ☐   *Vest/Harness:* ☐ (Specify Shirt Size: _____ / Specify Weight: _____) *Seatbelt lock:* ☐

Car Seat: ☐   *Booster Seat*: ☐ (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 #: _____   CONTRACTOR: _____ (TO SCHOOL)

ROUTE # _____   CONTRACTOR: _____ (FROM SCHOOL)   **2/4/19-Revised**