

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 ****

USE THIS FORM FOR P.M. SESSIONS ONLY! (not including Asbury PM or Seabrook PM)

DISTRICT REQUESTING TRANSPORTATION: _____

LONG BRANCH

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

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: N/A SEX: _____

VOCATIONAL SCHOOL OF ATTENDANCE: _____
EXAMPLE: Hazlet/Mechanics, Neptune/Nursing

ADDRESS OF VOCATIONAL SCHOOL: _____ PHONE: (732) _____

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

DAILY SCHEDULED SCHOOL HOURS: START TIME: 11:30 (AM PM) END TIME: 2:10 (AM PM)

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

***PICK-UP LOCATION:** Long Branch High School, 404 Indiana Ave, Long Branch, NJ 07740 (cafe entrance) _____

***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 <u>ASSIST-ALL AIDE</u> on the vehicle?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does this student's I.E.P. REQUIRE a <u>ONE-TO-ONE</u> (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: _____