

CAMDEN COUNTY EDUCATIONAL SERVICES COMMISSION
FAX #: 856 - 309 - 1026

_____ BOARD OF EDUCATION

APPLICATION FOR REGULAR EDUCATION TRANSPORTATION

PLEASE COMPLETE ALL INFORMATION

Date of Birth ___ / ___ / _____

Pupil's Name _____ Grade _____

Address _____

Nearest Intersection _____

School Attending _____

School Address _____

School Hours _____ AM _____ PM Telephone # _____

Date to Begin _____

NOTE: THIS APPLICATION IS ACCEPTED AND TRANSPORTATION WILL BE ARRANGED IN ACCORDANCE WITH THE COMMISSION'S POLICY TO APPORTION COST ON A MONTHLY BASIS. YOUR DISTRICT WILL BE BILLED ON THIS BASIS UNTIL WRITTEN NOTIFICATION TO CANCEL THIS REQUEST FOR TRANSPORTATION IS RECEIVED BY THE COMMISSION.

(District Authorized Signature)

(Date)

Date Received By Commission _____

Contractor Name _____

Assigned Bus Stop _____

Assigned to Route Number _____

THIS APPLICATION SHOULD BE FILED AT LEAST ONE WEEK BEFORE TRANSPORTATION IS TO COMMENCE.