

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

_____ BOARD OF EDUCATION

APPLICATION FOR SUMMER TRANSPORTATION

THIS COMPLETED APPLICATION MUST BE RECEIVED BY **MAY 20, 2005**. ANY APPLICATIONS RECEIVED AFTER THAT DATE WILL NOT RECEIVE TRANSPORTATION THROUGH THIS OFFICE.

D.O.B. ___ / ___ / ___

Student's Name _____ Grade _____

Student's Address _____

Telephone Number _____

EMERGENCY CONTACT NAME AND # _____
(MUST BE SUPPLIED)

To provide transportation for this pupil is contained in the IEP? _____ Yes _____ No

School Attending _____

School Address _____

Hours Arrival Time: _____ Dismissal Time: _____

Transportation is to begin _____ (cannot be before July 1st)
(date)

Last Day to Transport _____
(date)

Please check any special needs:

Wheel Chair _____ Air Conditioning _____

Shared Aide _____ Travel Chair _____

1 on 1 Aide _____ Other _____

This form submitted by: _____ Board Of Education

(District Authorized Signature) (Date)

Date received by Commission _____

Assigned to Route _____

Contractor _____