

Camden County Educational Services Commission
FAX #: 856 - 309 - 1026

_____ Board of Education

APPLICATION FOR VOCATIONAL SCHOOL TRANSPORTATION

CHECK ONE: Gloucester Twp. Campus
Pennsauken Campus

Student's Name _____ Date of Birth ____ / ____ / ____

Student's Address _____

Student's Grade _____

Is this a special needs student? _____
(Yes) (No)

Are there special requirements for this student? _____
(Yes) (No)

If yes, please specify below:

Date transportation is to start _____

Nearest intersection to home is _____

NOTE: This application is accepted and transportation will be arranged in accordance with the Commission's policy to apportion costs 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 _____

Assigned to Route Number _____

Assigned to Stop _____