

**CAMDEN COUNTY EDUCATIONAL SERVICES COMMISSION**  
Fax: (856) 309-1026

\_\_\_\_\_ BOARD OF EDUCATION

**TERMINATION FORM FOR REGULAR EDUCATION TRANSPORTATION**

Student's Name \_\_\_\_\_

School Attending \_\_\_\_\_

Date of Termination \_\_\_\_\_

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When the Camden County Educational Services Commission receives this form, we will remove the student from your district's list of special education students who we are transporting.

It is of utmost importance that we receive this form so that we are aware that this student is no longer on the route. That way, your district will not be billed for a student who is not riding the bus.

Thanks for your cooperation.

\*\*\*\*\*

\_\_\_\_\_  
District Authorized Signature

\_\_\_\_\_  
Date

For Commission Use:

Date Received \_\_\_\_\_

Deleted from Route Number \_\_\_\_\_

Contractor Name \_\_\_\_\_