

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

_____ BOARD OF EDUCATION

TERMINATION FORM FOR SUMMER TRANSPORTATION

Student's Name _____

School Attending _____

Date of Termination _____

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 _____