

CAMDEN COUNTY EDUCATIONAL SERVICES COMMISSION

Fax: (856) 309-1026

BOARD OF EDUCATION

TERMINATION FORM FOR SPECIAL EDUCATION TRANSPORTATION

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

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

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

Reason for Termination Student moved out of district \_\_\_\_\_
(IF known list district student moved into \_\_\_\_\_)
Student placed back into district \_\_\_\_\_
Student graduated \_\_\_\_\_
Student placed at another school \_\_\_\_\_

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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.

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

\_\_\_\_\_  
Date

For Commission Use:

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

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

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