

CAPE MAY COUNTY SPECIAL SERVICES - 148 Crest Haven Road, CMCH, NJ 08210

Phone (609) 465-2720 extensions 7731 & 1985

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COORDINATED STUDENT TRANSPORTATION REQUEST**VENDOR** _____ **ROUTE #** _____

New Request _____ Change Request _____ Delete Request _____ Homeless _____ DCP&P _____ School Year _____

Submit a separate request for each student requiring transportation services**DISTRICT REQUESTING TRANSPORTATION:** _____ **NJ STATE ID#** _____
(required)**TRANSPORTATION START DATE:** _____ **END DATE:** _____**STUDENT NAME:** _____ **DOB:** _____ **GRADE:** _____ **SEX** _____ **CLASSIFICATION** _____**ADDRESS:** _____
STREET (**MUST** be actual street address) CITY ZIP**PARENT/GUARDIAN:** _____ **PHONE:** _____ **EMAIL:** _____
(name)**EMERGENCY CONTACT (other than listed above):** _____ **PHONE:** _____
(name)**SCHOOL OF ATTENDANCE:** _____ **Bldg #:** _____
(LOCATION OF STUDENT DROP OFF / PICK UP IF SPECIFIC AREA)**ADDRESS:** _____ **PHONE:** _____**SCHOOL HOURS: START TIME:** _____ (AM / PM) **END TIME:** _____ (AM / PM) **Early dismissal** _____**INCLUDE A SCHOOL CALENDAR****TRANSPORTATION REQUIREMENTS****TRANSPORTATION ACCOMMODATIONS (check all that apply)**

Walks Unassisted	Walks with Assistance	Requires Assistance for Stairs	Requires a General Bus Aide	Requires 1:1 Bus Aide
Wheelchair	Travels w/ Nurse (does the nurse stay in school w/ student)	Yes	No	Air Conditioned Vehicle
				Car Seat (under 40 lbs)

Requires Safety Vest (must supply shirt size) XS SM M LG XL Curb-Curb pick up (buses cannot go down dead-end streets)

Other (*please specify*) _____

MEDICAL / HEALTH CONSIDERATIONS

Seizures Allergies, (please list) _____ Asthma Vision impairments Hearing impairments Diabetes

Low Blood Sugar/Hypoglycemia Other _____

BEHAVIORAL CONSIDERATIONS / CONCERNS

Does your child have a Behavioral Intervention Plan (B.I.P.) Yes No

Please list any behaviors the Transportation Department should be aware of. (i.e., yelling or calling out loud, doesn't like loud noises or fast movement, etc)

UNIQUE CHARACTERISTICS (i.e.: likes, dislikes, use of adaptive equipment, headphones, communication devices, etc.)

Please list any characteristics that will help ensure a smooth transition on the school bus (i.e.: likes, dislikes, use of adaptive equipment, communication devices, headphones, etc.) _____

TRANSPORTATION DROP OFF (Check only one box)

Assisted drop off - The driver will not let the student off the bus unless a family member is at the bus to take the student off the bus

Visual proof of family member - The driver will not let the student off the bus unless the driver has visual proof that a family member is home & at the door ready to accept the student

Visual proof of student entering home - The driver will not leave the drop off point until he/she has obtained visual proof of the student entering the home

Does this student attend Extended School Year (ESY)? yes no

SIGNATURE/TITLE

DATE

***** NOTE:** Your district will be billed until a completed **CMCSSSD Notice of Cancellation** is received. No exceptions! *******