

REGIONAL TRANSPORTATION COOPERATIVE

PO Box 1029

State ID # _____

Hopatcong, NJ 07843

Route # _____

Bus Co. _____

Special Education Transportation Request Form

Start Date _____

Phone: 973-398-3583

Fax: 973-398-3683

* _____ Board of Education 20____ - 20____ School Year

Check One: _____ New _____ Renewal _____ Summer _____ Split Session

Name: * _____ Sex: _____ D.O.B. * _____

Last First M.I.

Parent or Guardian: _____ Active Phone: * _____

Exact Address: * _____

Street Name & Residing Town

Mailing Address: * _____

Emergency Phone: * _____ Contact Person: * _____

Relationship: _____ Name of Co.: _____

School to be attended: * _____

School Address: * _____

School Phone: * _____ Grade: * _____ App. Mileage: _____

Starting Date: * _____ Hours: * _____ a.m. * _____ p.m.

Classification: * _____ Bus Aide Required: * _____

Comments: _____

(Example: Subject to Seizures, Allergies, Medications, Recommendations to ensure safe transportation)

IMPORTANT! Must be completed if applicable!

CONFINED TO A WHEELCHAIR: _____ TYPE OF CHAIR: _____

Car Seat Required: _____ Harness Required: _____

Required Signature

Title

Date