

MOESC * VOCATIONAL * COORDINATED TRANSPORTATION REQUEST

900 Green Grove Rd • Tinton Falls, NJ 07712 • 732-695-7800 • FAX 732-493-5120

**** Submit a separate request for each student requiring transportation services ****

DISTRICT REQUESTING TRANSPORTATION: _____

TRANSPORTATION START DATE: _____ END DATE: _____ NJ STATE ID#: _____

CAREER CENTER PRE-VOC ASSESSMENT	Yes	No
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STUDENT NAME: _____

ADDRESS: _____
STREET (**MUST** be actual street address) CITY ZIP

PARENT/GUARDIAN: _____ HOME PHONE: _____ ☐ CELL PHONE: _____ ☐
(CHECK Primary Contact Phone #)

EMERGENCY CONTACT PERSON (other than listed above): _____ PHONE: _____

DOB: _____ GRADE: _____ CLASSIFICATION: _____ SEX: _____

VOCATIONAL SCHOOL OF ATTENDANCE: _____

ADDRESS OF VOCATIONAL SCHOOL: _____ PHONE: _____

VOCATIONAL SESSION STUDENT WILL ATTEND: AM ☐ MID-DAY ☐ PM ☐ (Check ONE Box Only)

DAILY SCHEDULED SCHOOL HOURS: START TIME: _____ (AM / PM) END TIME: _____ (AM / PM)

If AM Shared Time, by what time does the student need to return to the High School: _____

***PICK-UP LOCATION:** _____
***RETURN LOCATION:** _____

Does this student's I.E.P. REQUIRE a <u>ONE-TO-ONE</u> (1:1) AIDE on the vehicle?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Does this student's I.E.P. or Classification REQUIRE a HOME stop?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

OTHER INFORMATION/COMMENTS NEEDED TO ENSURE THE HEALTH & SAFETY OF THE STUDENT:

Wheelchair: Standard ☐ Motorized ☐ Stroller-Type ☐ Other _____ **Subject to Seizures:** Yes ☐ No ☐
Braces: ☐ **Crutches:** ☐ **Walker:** ☐ **Vest/Harness:** ☐ Specify Shirt Size: _____ Specify Weight: _____
Allergies: Latex ☐ Peanut ☐ Bee Sting ☐ Other _____

SIGNATURE/TITLE _____

DATE _____

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

FOR MOESC USE ONLY:

ROUTE #: IN _____	CONTRACTOR: _____
ROUTE #: MID _____	CONTRACTOR: _____
ROUTE # OUT _____	CONTRACTOR: _____