



To: Sean Daly, Transportation Director (via email: sdaly@burlcoschools.org)

From: \_\_\_\_\_

Date: \_\_\_\_\_

Subject: **Application for Transportation** (to be used for new students only)

NAME: \_\_\_\_\_ STATE ID #: \_\_\_\_\_

DOB: \_\_\_\_\_ AGE: \_\_\_\_\_ GENDER: Male  / Female

ADDRESS: \_\_\_\_\_

GUARDIAN: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

GUARDIAN: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_

**SCHOOL DATA**

SENDING DISTRICT: \_\_\_\_\_ TARGET DATE: \_\_\_\_\_

ATTENDING SCHOOL: \_\_\_\_\_ CAMPUS: \_\_\_\_\_

SESSION (check one):  ALL DAY  AM  PM - PROGRAM HOURS: \_\_\_\_\_

**TRANSPORTATION NEEDS**

State any classification/medical/physical/behavior concerns: \_\_\_\_\_

\_\_\_\_\_

Special Needs: Aide \_\_\_ Ion1 Aide \_\_\_ Harness \_\_\_ Car Seat \_\_\_ Wheelchair \_\_\_ A/C \_\_\_ Nurse \_\_\_

Other/Notes: \_\_\_\_\_

\_\_\_\_\_

**Child Study Team Chairperson:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Note: This application is accepted and transportation will be arranged in accordance with the Unit's policy to bill on a monthly basis. Your district will be billed on this basis until written notification to cancel this request is received by the Unit. If you have any questions, please contact the ESU Transportation office at 609-261-5600 x7309/x7311 or email [sdaly@burlcoschools.org](mailto:sdaly@burlcoschools.org).