EDUCATIONAL SERVICES UNIT	Burlington County Special Services School District	Dr. Christopher J. Nagy SD/BCIT Superintendent of Schools cnagy@burlcoschools.org Theresa L. Margiotta SSSD/BCIT Business Administrator tmargiotta@burlcoschools.org Bobbie M. Downs Educational Services Unit Director bdowns@burlcoschools.org
To: Sean Daly, Transportati	ion Director (via email: <u>sdaly@burlcoschools.org</u> )	
From:		
Date:		
Subject: Change in Student's S	status	
SENDING DISTRICT:		
NAME:	STATE ID #:	_
DOB: AGI	E: GENDER: Male / Female	
ADDRESS:		-
	PHONE:	-
PARENT/GUARDIAN:	PHONE:	_
EMERGENCY CONTACT:	PHONE:	
CHANGE IN STUDENT'S STAT	<b>CUS:</b> (Please check and/or specify)	
Transferred to: School/Program: Target Date:		
Discontinue Transportation – E	nding Date:	-
Home Address:		-
Phone:		
Special Needs (car seat, harness	s, etc.):	-
Other:		
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.