



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

From: _____

Date: _____

Subject: **Change in Student's Status**

SENDING DISTRICT: _____

NAME: _____ STATE ID #: _____

DOB: _____ AGE: _____ GENDER: Male / Female

ADDRESS: _____

PARENT/GUARDIAN: _____ PHONE: _____

PARENT/GUARDIAN: _____ PHONE: _____

EMERGENCY CONTACT: _____ PHONE: _____

CHANGE IN STUDENT'S STATUS: (Please check and/or specify)

Transferred to: School/Program: _____ Target Date: _____

Discontinue Transportation – Ending Date: _____

Home Address: _____

Phone: _____

Special Needs (car seat, harness, 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.