

DATE APPLYING _____

**CAMDEN COUNTY SCHOOLS
SPECIAL EDUCATION TRANSPORTATION**

DATE REMOVED _____

DATE RECEIVED AT BOE _____

CURB TO CURB NEW SERVICE _____ CONTINUE SERVICE _____ ADDRESS CHANGE _____
SERVICE ADJUSTMENT _____ ESY _____

OMBUDSMAN KINGSLAND CENTER _____ ST MARYS CENTER _____
TIMES FOR OMBUDSMAN _____

NAME: _____ **DOB:** _____

ADDRESS: _____ APT # _____

PARENT/GUARDIAN: _____

PHONE NUMBERS: CELL _____ HOME _____ WORK _____

HOME SCHOOL: _____ **SERVICE SCHOOL:** _____ **GRADE:** _____ **TEACHER:** _____

EMERGENCY CONTACT: _____ **PHONE NUMBER:** _____

MEDICATIONS: _____

EXCEPTIONALITY: _____

ADDITIONAL INFORMATION: _____

NEEDS: WHEELCHAIR _____ CAR SEAT _____ SEAT BELT _____ OTHER _____

IEP COMMITTEE SIGNATURES: _____

PERSON COMPLETING FORM: _____

SEND TO ANGELIA BULLARD AT BOE **NOTED ON IEP:** _____ **INTERIM PLACEMENT:** _____

DIRECTOR OF SPECIAL EDUCATION

DATE

TRANSPORTATION DEPARTMENT USE ONLY

BUS NUMBER AM _____

BUS NUMBER PM _____

PICK UP TIME _____

ESTIMATED DROP OFF TIME _____