WCSSSD *Warren County Special Services School District*

STUDENT TRANSPORTATION REQUEST

PLEASE TYPE OR PRINT AND FILL IN ALL INFORMATION
Incomplete Forms Will Be Returned

District To Be Billed:_____ **SCHOOL YEAR**_____

Student's Name:_____
Sex:_____ DOB: _____ Grade: _____
Street Address:_____Town:_____Zip:_____
Mailing Address:_____Town:_____Zip:_____
Nearest Intersection To Residence:_____
Parent's Name/Guardian:_____Telephone#_____
Emergency Contact Name:_____ Telephone#_____
Any Additional contact Names/Numbers:_____
Receiving School:_____
CONTACT PERSON_____ **Telephone Number**:_____
School Address:_____
Days Of Week (Circle) M T W T F (please include a calendar)
Service To Begin:_____Service To End:_____
School Hours:_____Earliest time for drop off:_____

FILL IN BELOW FOR SPECIAL NEEDS STUDENTS:
Student Special Needs: (Please check/specify)

Classification:_____Seat Belt:_____
Safety Restraint System:____what type:_____Wheelchair Lift/Ramp:_____
Car Seat:_____Booster:_____Child's Weight:_____Child's Height:_____
Aide:_____If Yes, Supplied By District:_____Contractor:_____
Special Requirements for Aide:_____
Additional information pertinent to a **Safe Trip**_____
We have reviewed and supplied the above information:
Case Manager:_____Phone:_____Fax:_____

_____ _____
CST Coordinator / Director Board Secretary / Business Administrator
Date:_____ Date:_____

682 Oxford Road, Oxford NJ 07863
Education Dept. 908-223-7275 ~ Business Dept. 908-223-7303 ~ Transportation Dept. 908-223-7296
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