

STATE OF NEW JERSEY - DEPARTMENT OF EDUCATION

Office of Student Transportation

2013-2014 Joint Transportation Agreement

Host District **Special Services School District** County **Gloucester**

Joiner District **BHPR** County **Camden**

Pursuant to official action taken at the meetings of the boards of education which are parties to this agreement, it is agreed that the host district will provide transportation services as specified herein for joiner district students in accordance with all applicable laws, rules, and regulations governing student transportation.

Students may be added or deleted as mutually agreed upon, according to the terms of any existing contract, and as approved by the participating boards of education.

It is understood and agreed by the parties to this agreement that the host district is not responsible for the transportation contractor's failure to provide the services agreed upon herein, but will make every reasonable effort to provide alternate services should such failure occur.

The joiner district agrees to pay the host district the sum specified herein which may be adjusted based on changes to the route. The cost to the joiner district will be based on actual costs.

Host District Board of Education

President Marilyn A. McConnell Date 10/16/13
(Signature)
Secretary Marybeth [Signature] Date 10/16/2013
(Signature)

Joiner District Board of Education

President _____ Date _____
(Signature)
Secretary _____ Date _____
(Signature)

FOR COUNTY USE ONLY - Additional Comments (if necessary):

Host District Executive County Superintendent Approval

Executive County Superintendent _____ Date _____
(Signature)

Office of Student Transportation

2013-2014 Joint Transportation Agreement - To and From School

BHPR S4751 S5129
Version 1/2013

Contractor: idolcont

Route #: 54751

**GLOUCESTER COUNTY SPECIAL SERVICES SCHOOL DISTRICT
STUDENT TRANSPORTATION REQUEST**

District: BHP		School Year: 2013-2014	Transportation Begins: _____
Student Name: Keaton, Leon		Student ID#:	3298380492
Date of Birth: 1/1/97	Sex: M	Address: 319 King Street Woodbury, NJ 08096	
Parent/Guardian: Cheryl Morris		Pick up/Drop off (if different): Phone #:	
Home Phone: 856.853.1576 [Grou	Emergency Number: 856.426.4408		
Name and Address of School: Archbishop Damiano 1145 Delsea Drive Westville Grove, NJ 08093			
F/W Hours 9:00 - 3:00		Transportation Required in IEP: Y	Grade Level: 1011

CURRENT SPECIAL NEEDS ON FILE:

Safety vest

ADDITIONAL SPECIAL STUDENT NEEDS: (Please check and/or specify)

_____ One-on-One Aide (_____ CPR/ _____ Sign Language)	_____ Aide on Bus (_____ CPR/ _____ Sign Language)
_____ Car seat (Size: _____ lbs.)	_____ Safety vest
_____ Camera on Bus	_____ Air-conditioned Bus
	_____ Wheelchair lift
	_____ Seizure Protocol (must be attached)

Any additional information pertinent to a safe trip: _____

APPLICATIONS MUST BE RETURNED TO

GCSSSD Transportation Office
1340 Tanyard Road
Sewell, NJ 08080
Fax Number - 846-468-1106

PLEASE SUBMIT A SEPARATE APPLICATION FOR EACH STUDENT

For GCSSSD Office use ONLY

Route Number									
Date Started									
Date Canceled									
Date of Change									

[Signature]

Friday, April 05, 2013

CONTRACTOR

Del CityROUTE # 55129

**GLOUCESTER COUNTY SPECIAL SERVICES SCHOOL DISTRICT
STUDENT TRANSPORTATION REQUEST**

District: <u>BHP</u>		School Year: <u>2013-14</u>	Transportation Begins: <u>9/9/13</u>
Student's Name: <u>Jessica Wilcox</u>		Student's NJ ID #: <u>9937007870</u>	
Date of Birth: <u>8/15/97</u>	Sex: <u>M</u> <input type="radio"/> <u>F</u> <input type="radio"/>	Student's Address: <u>250 South Delsea Dr. Glassboro, NJ</u>	
Parent/Guardian: <u>Ginnie Reitter</u>		Pick up/Drop off (if different please circle one or both): <u>Highland HS</u>	
Home Phone: <u>850-203-5014</u>	Emergency # <u>Same</u>	Name and Address of School: <u>450 Ercal Rd. Blackwood, NJ 08012</u>	
School Hours: <u>7:15</u> AM <u>2:00</u> PM		Grade Level: <u>10</u>	One-way Mileage to School: <u>10.5 miles</u>
		Transportation Required in IEP: <input checked="" type="radio"/> YES <input type="radio"/> NO	

SPECIAL STUDENT NEEDS: (Please check and/or specify)

☐ One-on-One Aide (☐ CPR / ☐ Sign Language)
 ☐ Aide on Bus (☐ CPR / ☐ Sign Language)
☐ Car seat (Size: ☐ lbs.)
 ☐ Safety Vest
 ☐ Wheelchair lift
☐ Camera on Bus
 ☐ Air-conditioned Bus
 ☐ Seizure Protocol (must be attached)

Any additional information pertinent to a safe trip: _____

APPLICATIONS MUST BE RETURNED TO:

Cooperative Transportation Office
 Gloucester County Special Services School District
 1340 Tanyard Road, Sewell, New Jersey 08080
 Fax Number - 856-468-1106



PLEASE SUBMIT A SEPARATE APPLICATION FOR EACH STUDENT

For GCSSSD Office Use ONLY

Route Number									
Date(s) Started									
Date(s) Cancelled									
Date(s) of Changes									

Mark 31