CAMDEN COUNTY EDUCATIONAL SERVICES COMMISSION
EMAIL TO: CCESCAPP@CAMDENESC.ORG

_____ BOARD OF EDUCATION

TERMINATION FORM FOR SPECIAL EDUCATION TRANSPORTATION

Student's Name _____

School Attending _____

Last date to Transport _____

Reason for Termination

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Student moved out of district _____
(If known list district student moved into_____)
Student placed back into district _____
Student graduated _____
Student placed at another school _____

Circle if applicable Shared aide 1:1 aide School assigned aide Nurse

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When the Camden County Educational Services Commission receives this form, we will remove the student from your district's list of special education students who we are transporting.

It is of utmost importance that we receive this form so that we are aware that this student is no longer on the route. That way, your district will not be billed for a student who is not riding the bus.

Thanks for your cooperation.

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_____ _____
District Authorized Signature Date

_For Commission Use:

Date Received _____ Deleted from Route Number _____

Contractor Name _____