

HUNTERDON COUNTY EDUCATIONAL SERVICES COMMISSION
37 Hoffmans Crossing Road, Califon, NJ 07830

RESOLUTION FOR PARTICIPATION IN COORDINATED TRANSPORTATION

WHEREAS, the _____ Board of Education desires to transport special education, non-public, public and vocational school students to specific destinations; and

WHEREAS, the Hunterdon County Educational Services Commission hereinafter referred to as HCESC offers coordinated transportation services; and

WHEREAS, the HCESC will organize and schedule routes to achieve the maximum cost effectiveness:

NOW THEREFORE, it is agreed that in consideration of prorated contract costs, plus an administration fee of 5.5% for member districts and 8.5% for non-member districts as presented to the _____ Board of Education as calculated by the billing formula adopted by the HCESC's Board of Education. Said formula shall be based on a route cost divided by the student mile allocated to each participating district.

- I. The HCESC will provide the following services:
- a. routes coordinated with other districts to achieve a maximum cost reduction while maintaining a realistic capacity and travel time;
 - b. monthly billing and invoices;
 - c. computer print-outs of student lists for all routes coordinated by HCESC
 - d. all necessary interaction and communication between the sending district, receiving school, and the respective transportation contractors;
 - e. constant review and revision of routes;
 - f. provide transportation as requested on the formal written request; and

It is further agreed that the _____ Board of Education will provide the HCESC with the following;

- a. requests for special transportation on approved forms to be provided by the HCESC, completed in full and signed by previously authorized district personnel;
 - b. withdrawal for any transportation must be provided in writing and signed by authorized district personnel; no billing adjustments will be made without this completed form and will become effective on the date the form is received;
- II. Additional Cost – all additional costs generated by unique requests such as mid – day runs or early dismissals will be borne by the district. All such costs must first be approved by the _____ Board of Education.
- III. Length of Agreement – this agreement and obligations and requirements therein shall be in effect between July 1, 2024 and June 30, 2025.

- IV. Entire Agreement – this agreement and constitutes the entire and only agreement between the parties and may be amended by an instrument in writing over authorized signature.
- V. It is understood and agreed by all parties hereto that the Board of Directors of the HCESC is not responsible for its transportation contractor’s failure to provide the services agreed upon herein. It will make every reasonable effort to provide alternative services should such a failure occur.

AUTHORIZED SIGNATURES

HCESC

DISTRICT

HCESC PRESIDENT DATE

BOARD PRESIDENT DATE

SUPERINTENDENT DATE

BOARD SECRETARY DATE

COUNTY SUPERINTENDENT DATE

COUNTY SUPERINTENDENT DATE



HUNTERDON COUNTY EDUCATIONAL SERVICES COMMISSION

TRANSPORTATION DEPARTMENT

Donna Heater, Transportation Coordinator

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TO: Chief School Administrators
Transportation Coordinator
Child Study Team Coordinator

March 13, 2024

SUBJECT: 2024-2025 Cooperative Transportation Applications

As you know, Chapter 53, P.L. 1997 mandates that school districts participate with their local Coordinated Transportation Services Agency (CTSA) in order to coordinate the transportation of special education, nonpublic, and vocational school students wherever possible.

In order to achieve the **maximum cost effectiveness possible** we must have all student applications in our office by the following dates:

Nonpublic Transportation.....Friday, April 12, 2024

Summer Transportation.....Friday, May 1, 2024

Special Education Transportation 2024-2025Friday, May 30, 2024

The early submission of applications is essential in order to coordinate routes, prepare bid specifications, award bids, renew routes, and be able to provide you with pertinent data (approximate cost, contractor/route data) prior to the start of the route. Please do not send transportation requests unless you intend to use the service, as it is costly to other districts to withdraw after the bidding procedure.

Late submission of applications, after the bids, will not only increase your cost but will delay the student's start date.

Because most students return to the same schools they previously attended, this information should be readily available in accordance with the above dates. **It is essential that the Child Study Team be made aware of this schedule and provide student data prior to leaving for their summer breaks.**

Attached you will find a copy of the Hunterdon County Educational Services Commission request form and deletion form to be used when requesting transportation or canceling a contract. It is important that the request form be completed accurately, i.e. exact home location for pickup and drop off, school times (**and calendar**), accurate phone numbers (home and emergency contact) and any special needs of the student during transportation. This is important information for the contractor to have in order to make the student's school experience more successful.

We at the Hunterdon County Educational Services Commission would like to thank each of you who participated in our Coordinated Transportation program during the present school year. The cooperation and support of you and your staff has been excellent and we look forward to serving your district during the upcoming school year.

If you have questions regarding any transportation matters, please do not hesitate to contact me.

Sincerely,

Donna Heater, Transportation Coordinator

Hunterdon County ESC Transportation Request - Extended School Year 2024

Transportation can't begin without written notification. Billing adjustments cannot be made for deletions without written notice.

Date: _____ Miles: _____

District Name: _____ Contact: _____ Phone: _____

Student Name: _____

Street Address: _____ Apt: _____

City: _____ Zip: _____

Nearest Intersecting Road: _____

Mailing Address (if different): _____

Birth date: _____ Classification: _____ Sex: _____ Grade: _____

Parent/Guardian: _____

Phone Number: _____ Cell Phone: _____
(include area code) (include area code)

Emergency Contact 1: _____

Emergency Phone 1: _____
(include area code)

Emergency Contact 2: _____ Relationship to student: _____

Emergency Phone 2: _____
(include area code)

Student Can Be Left Home with No Supervision: Yes No

Special Needs: (Please Check All that Apply)

<input type="checkbox"/> Transport in Wheelchair	<input type="checkbox"/> Requires Aide
<input type="checkbox"/> Leg Braces/ Crutches	<input type="checkbox"/> Requires Car Seat
<input type="checkbox"/> Requires Close Supervision	<input type="checkbox"/> Requires Restraint
<input type="checkbox"/> Requires Medical Attention	Height: _____ Weight: _____

Describe Medical Needs: _____

Allergies: _____

Medications: _____

Seizures: Yes No Controlled with Medication: Yes No

General Statement of Need: _____

Other Special Needs: _____

Behavior Patterns: _____

Behavior Management Recommendations: _____

School to attend: _____

School address: _____ State: _____ Zip: _____

Contact Person: _____ Phone Number: _____
include area code

Start Date: _____ End Date: _____ School Hours: _____

Days: M T W TR F ROUTE # AM PM

2024 Extended School Year Calendar

School Name: _____ School Phone: _____

School Address: _____

City: _____ Zip: _____

Extended School Dates

1st day of School: _____ Last Day of School: _____

School hours

Start time: _____ End time: _____

Days of Week: _____

Total #of days for ESY: _____

Transportation Contact: _____

Phone: _____ Email: _____

Additional Info: _____

(B6T) Nonpublic School Transportation Application (N.J.A.C 6A:27-2.5)

Instructions

It is the obligation of the parent or guardian of nonpublic school students to annually obtain the Nonpublic School Transportation Application from the administrative office of the nonpublic school for each student for which transportation services are being requested. Submit a separate application for each student.

Note:

- If there is a change of home address, a new application shall be submitted to the public school district of residence.
- If there is a change in the nonpublic school of attendance, a new application shall be submitted to the public school district of residence.
- Complete this application and return it to the nonpublic school on or before March 10th preceding the school year in which transportation is being requested.
- Late applications — Any application received after March 10th will be a late application and must be accompanied by a statement of the reason for lateness. Eligible students will receive transportation or aid in lieu of transportation based on the date the application is received by the public school.
- It is the obligation of the nonpublic school administrator to annually collect the application and submit it to the public school district from which transportation is being requested prior to March 15th.
- It is the obligation of the public school administrator to notify the parent or guardian as the determination of each application by August 1st.
- A district board of education shall pay aid in lieu of transportation to the parent or guardian of an eligible student only after receiving a signed "Nonpublic School Transportation Payment" voucher (B7T) as prescribed by the Commissioner of Education.

Nonpublic School Transportation Application Form

School Year: _____ Resident District Board of Education: _____

Student Name: _____

Last

First

Middle

Date of Birth (mm/dd/yy): _____ Parent/Guardian Name: _____

Daytime Phone: _____ Email Address: _____

Area code + number

Home Address: _____ City: _____ Zip: _____

Mailing Address: _____ City: _____ Zip: _____

Full name of school to be attended: _____

Phone: _____ Address of School: _____

Area code + number

Student's grade for the coming year: _____

Shortest one-way mileage between home and school: _____
(shortest route along public roadways or walkways to the nearest tenth of a mile)

Date school opens (mm/dd/yy): _____ Date school closes (mm/dd/yy): _____

School hours: _____ AM to _____ PM

Name of school of attendance in prior year: _____

Address: _____

Signature: _____ Date (mm/dd/yy): _____

Public School Use Only (Do not write below this line)

Your application has been reviewed by the resident district board of education. The following determination has been made:

- Transportation will be provided You are eligible for payment in lieu of transportation Ineligible

Reason: _____

Title: _____

Signature: _____ Date (mm/dd/yy): _____