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| New CCSD Logo Blue | **Camden City School District****TRANSPORTATION DETERMINATION** |
| **DEMOGRAPHIC INFO:**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Student ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Resident School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Serving School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Residing with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 Mother 🞏 Father 🞏 Guardian/OtherAddress: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**SAFETY AND DISABILITY FACTORS**

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| 🞏 Yes | 🞏 No | The student’s hearing disability makes walking to school unsafe. |
| 🞏 Yes | 🞏 No | The student’s visual disability makes walking to school unsafe. |
| 🞏 Yes | 🞏 No | The student’s cognitive disability makes walking to school unsafe. |
| 🞏 Yes | 🞏 No | The student’s behavior and/or emotional instability prevent the student from walking to school safely. *Attach documentation.* |
| 🞏 Yes | 🞏 No | The student’s behavior and/or emotional instability is so severe or unpredictable that there is a concern for the safety of the student and others walking to and from school. *Attach documentation.* |
| 🞏 Yes | 🞏 No | The student is eligible for the preschool special education program and requires transportation in order to participate. |

**MEDICAL FACTORS**

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| --- | --- | --- |
| 🞏 Yes | 🞏 No | Medical report(s) document severe health condition(s) preventing the student from walking to school safely. *Attach documentation.* |
| 🞏 Yes | 🞏 No | Medical report(s) document a physical disability preventing the student from walking to school safely. *Attach documentation.* |
| 🞏 Yes | 🞏 No | Medical report(s) document the student is medically fragile and unable to walk to school. *Attach documentation.* |

**SCHOOL LOCATION FACTORS**

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| --- | --- | --- |
| 🞏 Yes | 🞏 No | The student’s IEP cannot be implemented in the home school and the student lives outside of the district boundary guidelines. |
| 🞏 Yes | 🞏 No | The student’s IEP is assigned to be implemented in a tuition placement. |

**ADDITIONAL INFORMATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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