

**APPLICATION FORM
EARLY CHILDHOOD SERVICES
TRANSPORTATION**

**For the School Year: September 1, 2001 to August 31, 2002
TRANSPORTATION AS OF SEPTEMBER 30**

INSTRUCTIONS:

Complete this form using:

- (a) the number of children with disabilities being transported.
- (b) the maximum number of program operation days.
- (c) the number of regular children being transported.
- (d) the number of planned in-home visits.

DATE PROGRAM BEGINS: _____ **DATE PROGRAM ENDS:** _____

1 Number of eligible transported
ECS children transported by a
school bus, public transit system,
or parent. _____ **X \$423 =** \$ _____

2 Number of children with
disabilities requiring special
transportation : _____ **X** _____ **X \$11.40 =** \$ _____
Program Operation Days

3 Total number of in-home visits for
all ECS children. _____ **X \$11.40 =** \$ _____

Number of children in-home visits are provided for: _____

CERTIFICATION

I certify that to the best of my information and belief, the number of children transported, the number of in-home visits, and the program operation days is accurate.

(Signature of Secretary-Treasurer)

(Date)

(Private ECS Operator or Private School)