

**APPLICATION FORM
EARLY CHILDHOOD SERVICES
TRANSPORTATION
2002 – 2003 School Year**

TRANSPORTATION AS OF SEPTEMBER 30

Name of Private ECS Operator or Private School

INSTRUCTIONS:

Complete this form using:

- (a) the number of children with disabilities being transported.
 - (b) the number of days transported.
 - (c) the number of regular children being transported.
 - (d) the number of planned in-home visits.
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DATE PROGRAM BEGINS: _____ **DATE PROGRAM ENDS:** _____

1 Regular Transportation

Number of eligible transported
ECS children transported by a
school bus, public transit system,
or parent.

_____ X \$423 = \$ _____

2 Special Transportation

Total number of days transported
for all ECS children with
disabilities requiring special
transportation.

_____ X \$11.40 = \$ _____

Number of special needs children
requiring special transportation.

3 In-Home Visits

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 knowledge, the number of children transported, the number of in-home visits, and the number of days transported, are accurate.

(Signature of Secretary-Treasurer)

(Date)

