



McKinney-Vento Transportation Request

| | | | | | |
|---|-------------------|--------------------------------|--------|-----------------------|--|
| SCHOOL TO ATTEND _____ | | SCHOOL YEAR _____ | | Request Date _____ | |
| TYPE OF SERVICES | BEGINNING OF YEAR | NEW SERVICE | CHANGE | OTHER (explain) _____ | |
| STUDENT INFORMATION | | | | | |
| LAST NAME _____ | | FIRST NAME _____ | | MIDDLE INITIAL _____ | |
| HOME ADDRESS _____ | | | | | |
| CITY _____ | | ZIP _____ | | HOME PHONE _____ | |
| PARENT/GUARDIAN INFORMATION | | | | | |
| LAST NAME _____ | | FIRST NAME _____ | | WORK PHONE _____ | |
| RELATIONSHIP TO STUDENT _____ | | | | | |
| TRANSPORT ADDRESS (if different than home address) The Transportation Department can only accommodate ONE address per student) | | | | | |
| Relationship to student _____ | | | | ZIP CODE _____ | |
| TRANSPORTATION INFORMATION | | | | | |
| TIME OF SCHOOL ARRIVAL _____ | | TIME OF SCHOOL DEPARTURE _____ | | | |
| FREQUENCY (am/pm; am only; pm only) _____ | | | | | |
| STARTING DATE OF TRANSPORTATION (must allow a minimum of 2 school days, unless approved by Homeless Liaison and Transportation) _____ | | | | | |
| EMERGENCY CONTACT INFORMATION | | | | | |
| LAST NAME _____ | | FIRST NAME _____ | | PHONE NUMBER _____ | |
| RELATIONSHIP TO STUDENT _____ | | | | | |

PRINCIPAL SIGNATURE _____

HOMELESS LIAISON SIGNATURE _____

SCHOOL LIAISON SIGNATURE _____

DATE _____

DATE RECEIVED BY HOMELESS LIAISON _____

DATE FAXED TO TRANSPORTATION _____

DATE SERVICES TO BEGIN _____

SERVICES AM _____

SERVICES PM _____

Please fax this form to transportation (434) 797-8873