

STUDENT TRANSPORTATION REQUEST

(McKinney-Vento Application)

ADDITION _____ **CHANGE** _____ **REMOVAL** _____

This document establishes transportation for the following student to and from their home address or close stops thereof.

Date: _____ Grade _____ Date of Birth: _____

Student Name: _____ Student ID: _____

Old Address: _____

New Address: _____

Mother's Name: _____

Father's Name: _____

Home Phone: _____ Home Based School _____

PLEASE CIRCLE THE APPROPRIATE ANSWER BELOW TO REQUEST TRANSPORTATION:

AM Transportation Yes No

PM Transportation Yes No

School Facilitator: _____

Student Support Director Approval: _____ Date: _____

Transportation Office Use Only:

Bus Stop ID: _____ Bus Number: _____

Stop Location: _____

AM Time: _____ PM: Time _____

Information and Routes should be phoned and may also be posted via email.