

McKinney Vento Students Transportation Request 2016 - 2017 School Year		Date Initiated:
Shared <input type="checkbox"/>	AM route <input type="checkbox"/> will be done by PM route <input type="checkbox"/> will be done by	Indistrict <input type="checkbox"/>
Student Information		
First Name:	Last Name:	DOB:
Gender: M <input type="checkbox"/> F <input type="checkbox"/>	Grade:	Primary Home Language:
School: School address, city & zip:	Start Time: Dismissal Time: Early dismissal: Y <input type="checkbox"/> N <input type="checkbox"/> Late start: Y <input type="checkbox"/> N <input type="checkbox"/> Day & Time :	
School Contact Name: School Contact Number:		
Type of Temporary Housing: <input type="checkbox"/> Shelter <input type="checkbox"/> Double-up (residence) <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Other		
Student(s) temporary address, city & zip:		
Parent/Caretaker Information		
First Name:	Last Name:	
Parent Contact Information Cell: Work:	Emergency Contact Name: Emergency/Message Number:	
If applicable: Case Manager's Name/Organization:	Case manager phone:	
Shared Transportation Information:		
District of Origin:	District of Residence:	
District Liaison & Phone: Origin:	Transportation Contact & Phone: Origin:	
Residence:	Residence:	
Can Student be left unattended at bus stop: <input type="checkbox"/> YES <input type="checkbox"/> NO	Any known medication or allergies:	
Is this a SPED student (please attach any additional paperwork related to transportation)?		
Does Student have any special needs transportation requirements (restraints, wheelchair):		
Additional Comments:		

Transportation Confirmation: To Be Completed by Transportation Department

Transportation Start Date:	Parent/Guardian Notified: <input type="checkbox"/> YES <input type="checkbox"/> NO Other District Notified: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
AM Route: District:	PM Route: District:
Transportation: <input type="checkbox"/> Bus <input type="checkbox"/> Van <input type="checkbox"/> Vendor	Transportation: <input type="checkbox"/> Bus <input type="checkbox"/> Van <input type="checkbox"/> Vendor
# / driver's name:	# / driver's name:
Pick up time:	Pick up time:
Other:	Time to arrive at home: