# Local Educational Agency

Transportation Plan to Ensure School Stability for Students in Foster Care

**Local Educational Agency** (LEA) [Click here to enter text. ]

* LEA Foster Care Point of Contact (Name and Contact Info): [ Click here to enter text.]
* Transportation Office contact (Name and Contact Info): [ Click here to enter text.]
* Other (Name and Contact Info): [Click here to enter text.]

**Duration of Transportation**

If transportation to school of origin is required in order to maintain school stability for students in foster care, [Enter LEA name here.], in collaboration with the local child welfare agency (CWA), will ensure that said transportation will be provided for the duration of the child(ren)’s time in foster care.

**How Transportation Will Be Provided, Arranged, and Funded**

1. Interim transportation should be addressed to ensure no delays for the student in foster care while transportation is being worked out between the parties. Describe how this LEA will promptly provide, arrange, and fund interim transportation for children in foster care as they collaborate with the CWA to institute a child’s long term transportation plan (*be sure to include the duration of transportation, method of transportation, etc*): [Click here to enter text.]
2. Describe how this LEA will examine existing transportation options available for students in foster care (*i.e. transportation covered by other LEA programs, state contracts, etc.*): [Click here to enter text.]
3. Describe how this LEA will ensure that children in foster care will promptly receive transportation to their school of origin in a cost effective manner & in accordance with section 475(4)(A) of the Social Security Act (42 U.S.C. 675 (4)(A)) (*be sure to include no or low cost options to pursue, which occurrences this LEA will agree to pay for the cost of transportation, which occurrences this LEA will pursue reimbursement from the local CWA for the cost of transportation, which occurrences this LEA will seek a cost sharing agreement with the local CWA for the cost of transportation, methods of transportation to be used and when such methods would be used, procedures to ensure student safety, etc.*): [Click here to enter text.]

**These transportation procedures were instituted on the following date:** [Click here to enter text.]

Authorized Signature for [Enter LEA name here.]