



# Homeless Education

## ADE McKinney-Vento Bus Pass Agreement Sample Form

The purpose of the McKinney-Vento Homeless Assistance Act is to assist families that are experiencing homelessness or a temporary transition. (District name) will strive to remove barriers that may prevent your child from receiving free, appropriate public education.

Under the provisions of the McKinney-Vento Act our district is supporting your request for school of origin enrollment and transportation. [\[42 U.S.C. § 11432\(g\)\(1\)\(J\)\(iii\)\(I\)\]. U.S. Code](#) Our office has determined that providing you with bus passes is the most logical and viable mode of transportation at this time. District safety policies were a consideration making this determination.

Please review the following required agreements for the issuance of bus passes before providing your signature:

- I agree to use the bus pass for transportation to and from school activities only.
- I am aware attendance may be evaluated for consistency, and the expectation is for daily, on time attendance.
- I agree to never use the bus pass for personal use.
- I understand the McKinney- Vento Homeless Liaison may electronically monitor the bus pass for usage.
- I understand, if there is excessive use, the district reserves the right to cancel the bus pass.
- I agree to never allow my elementary or junior high students to ride public transportation alone. I understand and agree my child(ren) must be accompanied by an adult (18 years or older). If the district learns that my child(ren) in the specified grade-levels is riding alone, the bus pass may be cancelled, and district security or officials may be notified.
- I agree to notify the McKinney-Vento Homeless Liaison at (XXX-XXX-XXX) immediately if the bus pass is lost or stolen. At that time, I may request the issuance of a new card.
- I have read and understand the terms of the (enter transit name, e.g., Valley Metro include link to page).

Student(s) Name	Student(s) School ID #	Student(s) School of Attendance	Student(s) Grade-Level	Bus Pass # Issued	Date Bus Pass Issued
Michael J. Fox	123456	Hill Valley Elementary	6	000001	1/1/2023

Parent, Guardian, Caregiver's Name	Contact Phone Number	If applicable, enter the bus pass # issued to the parent	Date Bus Pass Issued
Mr. Michael J. Fox Sr.	XXX-XXX-XXXX	000002	1/1/2023

By signing below, I understand that my child(ren) and I must abide by the rules listed above.

\_\_\_\_\_  
Parent Name in Print & Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
HS Student Name in Print & Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Staff Responsible for Reviewing the Agreement and Delivering the Bus Pass

\_\_\_\_\_  
Date