**Education for Homeless Children and Youth** Date Approved for ECHY

**Request for Student Transportation** (for district use only)

\_\_ New Student \_\_ Address Change \_\_ Siblings Transportation needed \_\_ AM \_\_ PM

Requested By EXT. Date of Request

Student Name Student ID # Birth Date Age Grade

Student Address Apt. Name Unit #. Date of Request \_\_\_\_\_\_\_\_\_\_\_

Prior Address School & Address Start Time End Time

Parent/Guardian Home Phone Cell Phone Work Phone

\_\_ Medical Alert Attached Special Equipment SpEd Program \_\_ Protection Order Sent

|  |  |
| --- | --- |
| After School Program Days of Program Dismissal Time | |
| **Mode of Transportation – Transportation Use Only** Date Received | |
| **AM** \_\_ SCHOOL BUS \_\_ TRANSIT \_\_ GAS \_\_ TAXI \_\_ OTHER \_\_\_  Stop Location  Time Route #  Transfer @ To Route #  Comments Late Start  Bell Time | **PM** \_\_ SCHOOL BUS \_\_ TRANSIT \_\_ GAS \_\_ TAXI \_\_ OTHER \_\_\_  Stop Location  Time Route #  Transfer @ To Route #  Comments Late Start  Bell Time |

**Transportation Use Only**

Print Form \_\_ Staff \_\_ Contact \_\_ Shared District

Start Date \_\_\_\_\_\_\_\_\_ Billing AM Notified Date

\_\_ AM Driver \_\_ Other \_\_

Submit End Time\_\_\_\_\_ Billing PM

\_\_ PM Driver \_\_ Staff

District #1 Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_

District #2 Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_ \_\_ Split Cost School District \_\_ Contact \_\_