**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 \_\_