**Transportation Contract**

**ISS McKinney Vento Homeless Education Program**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, (Parent/Guardian/Unaccompanied Youth) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_acknowledge that my family is in Iredell Statesville Schools- McKinney Vento Homeless Education Program and being provided transportation by Iredell Statesville Schools. My child(ren) attending (insert name of school) is/are:

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade \_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Initial/check each that applies)

\_\_\_\_\_My child(ren) transportation arrangement is:

* Iredell Statesville Schools bus
* Contract transportation (mileage reimbursement)
* I will provide transportation for my child(ren)
* Other (details) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Bus Only)**

\_\_\_\_\_ I will contact the school’s bus coordinator immediately, if there is a problem that needs to be addressed concerning my child(ren)’s transportation.

\_\_\_\_\_My child(ren) will be informed of and follow these safety rules:

* Arrive at the designated morning bus stop on time
* Remain seated in assigned seat
* Respect driver and others on the bus
* Follow all other Iredell Statesville Schools transportation rules

\_\_\_\_\_\_I am aware that after 6 no call/no show occurrences, bus transportation may be terminated

\_\_\_\_\_\_If my address changes, I will immediately contact (insert school based liaison name)

**(Contract Transportation Only)**

\_\_\_\_\_\_I will transport my child(ren) to and from school daily as scheduled and on time

\_\_\_\_\_\_I will submit my mileage report timely as outlined in the reimbursement contract

\_\_\_\_\_\_If my address changes, I will immediately contact (insert school based liaison name) and

 Joy Dorty 704-872-8931

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian/Unaccompanied Youth Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

McKinney Vento School Based Liaison Date

CC: Parent