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Transportation Request for Displaced Student

**Application Information**

Date:	Time:	Effective Date:
Student's Name:	Student ID:	School/Code:
Unaccompanied Youth: (circle one)                      Yes      or      No	Students D.O.B:	Student Grade:
Students Current Address:	City, State:	Zip Code:
Parent Guardian Name:	Phone:	Message Phone:
Parent Guardian Old Address:	City, State:	Zip Code:
Other Emergency Contact:	Phone:	Other Phone:
Day Care Information:	A.M. Pickup:	P.M. Pickup:

**Out of District Information**

School District:	School Name:
School Address:	School Phone:
Transportation Contact:	Transportation Phone:
Homeless Liaison Name:	Homeless Liaison Phone:
Regular/Standard School Days/Hours:	Delayed-Start/Early-Release School Days/Hours:

**Hotel or Shelter Information**

Shelter Name:	(Communicate shelter address to school BEFORE sending request)
Shelter Address:	City, State:
Contact Person:	Contact Phone:
Business Phone:	Message/Emergency Phone:

**Transportation Use Only**

Remarks: (Please note special transportation requirements or information that may be useful to the transporting provider)

Contractor:	Transportation Contact: (816) 418-8825 M-F, 6 AM to 5:30 PM
Date Notified:                      Time notified:	Stop:
Am/Act:                                      Route:	Time:
Pick Up Information:	Time:

(Please Check One) **responsible for notification:** Coordinator \_\_\_ Transportation \_\_\_ Contractor \_\_\_

**Comments:**