

ST. MARY'S COUNTY PUBLIC SCHOOLS McKinney-Vento Transportation Request Form		SCHOOL YEAR: 2023-2024	
<i>Please use one form for each student.</i>			
<input type="checkbox"/> Homeless/Displaced Child		DATE OF REQUEST: _____	
NAME OF STUDENT:			
STUDENT'S AGE:			
STUDENT'S GRADE:			
NAME OF SCHOOL TO ATTEND:			
SESSION:		<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FULL DAY <input type="checkbox"/> ½ DAY A.M. <input type="checkbox"/> ½ DAY P.M. </div> <div> <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday </div> </div>	
Complete Address of Pick-Up: (911 address, including city, state & zip)			
Complete Address of Drop-Off: (911 address, including city, state & zip)			
PARENT/GUARDIAN NAME:			
PARENT/GUARDIAN HOME PHONE:			
PARENT/GUARDIAN WORK PHONE:			
PARENT/GUARDIAN CELL PHONE:			
Please comment on the reason for the request for transportation: _____ _____ _____		Does this student have an IEP & Require Special Needs Transportation? [] yes [] no If yes, Is an Attendant required? [] yes [] no	
Signature of the PPW _____ Date _____ Signature of the Dir. of Transportation _____ Date _____			

DEPARTMENT OF TRANSPORTATION USE ONLY

A.M. BUS ASSIGNMENT:	Time: _____
M.D. BUS ASSIGNMENT:	Time: _____
P.M. BUS ASSIGNMENT:	Time: _____
DATE TRANSPORTATION WILL BEGIN:	Time: _____