

**ST. MARY'S COUNTY PUBLIC SCHOOLS  
McKinney-Vento Transportation Request Form**

**SCHOOL YEAR: 2024-2025**

*Please use one form for each student.*

Homeless/Displaced Child

DATE OF REQUEST: \_\_\_\_\_

**NAME OF STUDENT:**

**STUDENT'S AGE:**

**STUDENT'S GRADE:**

**NAME OF SCHOOL TO ATTEND:**

**SESSION:**

- FULL DAY
- ½ DAY A.M.
- ½ DAY P.M.
- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

**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: \_\_\_\_\_