



McKinney-Vento Transportation Request

Request Date _____ Campus _____ Campus Address _____

TYPE OF SERVICES: ☐ McKinney-Vento ☐ Foster Care**STUDENT INFORMATION**

LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL _____

CURRENT ADDRESS _____ ID# _____ Grade _____

CITY _____ ZIP _____ HOME PHONE _____

RESIDENCE ☐ Motel ☐ Shelter ☐ Doubled Up ☐ Other (*please explain*) _____**PARENT/GUARDIAN INFORMATION**

LAST NAME _____ FIRST NAME _____ CELL PHONE _____

RELATIONSHIP TO STUDENT _____

TRANSPORTATION INFORMATION

TIME OF SCHOOL ARRIVAL _____ TIME OF SCHOOL DEPARTURE _____

FREQUENCY TUESDAY-FRIDAY (am/pm; am only; pm only) _____

ROUTE# _____ BUS# _____

STARTING DATE OF TRANSPORTATION _____

Request faxed to: ☐ Anthony ISD ☐ Canutillo ISD ☐ Clint ISD ☐ El Paso ISD ☐ Fabens ISD
☐ San Elizario ISD ☐ Socorro ISD ☐ Ysleta ISD ☐ _____**EMERGENCY CONTACT INFORMATION**

LAST NAME _____ FIRST NAME _____ CELL PHONE _____

RELATIONSHIP TO STUDENT _____

MCKINNEY-VENTO LIAISON SIGNATURE

DATE**DEPARTMENT OF CURRICULUM AND INSTRUCTION**