

FIVE TOWN CSD / MSAD 28
Request for Homeless (McKinney-Vento) Transportation

McKinney-Vento Coordinator:			
Date of McKinney-Vento ID/Eligibility Determination:			
Student Name(s):			
School of Origin within Five Town CSD/ MSAD 28:		Grade:	
School of Origin outside Five Town CSD/ MSAD 28:		Grade:	
Identify Current Special Services (IEP, 504, etc):			
Parent/Guardian Name:			
Parent/Guardian Current Address:			
Parent/Guardian Phone & Email Contact:			
Transportation Logistics			
Beginning date:		Ending date:	
To School:			
Location of pick-up (to school):			
Time of pick-up:		Time of drop off:	
Location of drop-off (to school):			
From School:			
Time of pick-up (from school) :		Time of drop off:	
Location of drop-off (from school) :			

Requesting:

Bus:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Special Ed Bus:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Weight < 55lbs	<input type="checkbox"/> Yes S	<input type="checkbox"/> No O
Weight < 80lbs	<input type="checkbox"/> Yes S	<input type="checkbox"/> No O

Van:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Reason why special transportation is required: (i.e. Homelessness)	
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Describe any unique circumstances: (i.e. Mondays and Tuesdays, mornings only)	
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Notifications below to be completed by the McKinney-Vento Coordinator upon distribution:

McKinney-Vento Transportation Submission Date:			
Director of Special Education (if needed)	Notification Date:		
Director of Transportation:	Notification Date:		
Additional Details for Transportation Director:			

Notifications below to be completed by the McKinney-Vento Coordinator upon confirmation of transportation plan:

Notes to share with Parent/Guardian/Other Responding Adult (driver's name, expectations for supervision, cancelation instructions, anticipated variations in schedule, arrangements with collaborating school districts/agencies, etc.)