



**HOMELESS PROGRAM**  
**Student Transportation Request Form**

**To be completed by the district homeless liaison:**

Campus Name: \_\_\_\_\_

Name of Student: \_\_\_\_\_

ID Number: \_\_\_\_\_

Sex: ☐ Male ☐ Female Date of Birth \_\_\_\_\_

Age: \_\_\_\_\_

Where is the student living? (Check one box)

☐ In a Motel

☐ In a Shelter

☐ Other (please explain): \_\_\_\_\_

Provide transportation from:

☐ Home to School

Signature Field

☐ School to Home

Residing location address: \_\_\_\_\_

Residing location phone: \_\_\_\_\_

Name of parent(s), legal guardian(s): \_\_\_\_\_

**Transportation requested by parent/guardian to comply with school of origin guidelines.**

Signature of District Representative: \_\_\_\_\_

Date \_\_\_\_\_