

Valley School District #070
McKinney-Vento Request for Student Transportation

Date Approved for MKV _____

New Student Address Change Siblings in SD Transportation needed AM PM

Requested By _____ EXT. _____ Date of Request _____

Student Name _____ Student ID # _____ Birth Date _____ Age _____ Grade _____

Student Address _____ Unit #. _____ Apt. Name _____ Date of Request _____

Prior Address _____ School & Address _____ Start Time _____ End Time _____

Parent/Guardian _____ Home Phone _____ Cell Phone _____ Work Phone _____

Medical Alert Attached Special Equipment _____ Sped Program _____ Restraining Order Sent

After School Program _____ Days of Program _____ Dismissal Time _____

Mode of Transportation – Transportation Use Only Date Received _____

AM SCHOOL BUS PARENT OTHER _____
Stop Location _____
Time _____ Route # _____
Transfer @ _____ To Route # _____
Comments _____ Late Start
Bell Time _____

PM SCHOOL BUS PARENT OTHER _____
Stop Location _____
Time _____ Route # _____
Transfer @ _____ To Route # _____
Comments _____ Late Start
Bell Time _____

Transportation Use Only

Start Date _____ Billing AM _____ Staff Contact Shared District
End Time _____ Billing PM _____ AM Driver Other Notified
 PM Driver Staff