

Foster Student School District of Origin Transportation Request Form

ODE Provider #106036



This form is to be used for foster care students living outside their school of origin or school district of origin boundaries due to foster care placement made by DHS. Please send this form to the school district of origin, foster care point of contact, via secure email (#secure#).

Passenger information

Case number: _____ DHS person ID number: _____

Date of request: _____ Date transportation is to start: _____

Last name: _____ First name: _____ Middle initial: _____

Date of birth (mm/dd/yyyy): _____ Age: _____ Gender: _____

Child safety restraint system (CSRS) required? Yes No Weight (for CSRS): _____

If yes, please indicate type: Infant Booster Convertible Other

Are there any safety issues, behavior concerns, preferences or restrictions? If yes, please describe below in the additional information box.

Does the student have IEP with specialized transportation? If yes, please attach IEP documentation.

Is wheel chair accessible transportation required? If yes, please attach documentation.

Does the student have a medical protocol? If yes, please attach documentation.

School of origin information

School district of origin: _____ School of origin: _____

School of residence: _____

School address: _____

City: _____ State: _____ ZIP code: _____

Phone number 1: _____ Phone number 2: _____

School start time: _____ School end time: _____

Foster home pick up information

Foster parent name: _____

Address: _____

City: _____ State: _____ ZIP code: _____

Phone number 1: _____ Phone number 2: _____

Estimated pick-up time: _____

Pick up day(s): Please select each weekday that transportation is needed. If there are any variations regarding pick up locations please attach additional sheets as necessary.

- Monday
 Tuesday
 Wednesday
 Thursday
 Friday

Pick up description and/or additional important information:

Foster home drop off information

- Same as pick up

Foster parent name: _____

Address: _____

City: _____ State: _____ ZIP code: _____

Phone number 1: _____ Phone number 2: _____

Estimated pick-up time: _____

Drop off day(s): Please select each weekday that transportation is needed. If there are any variations regarding pick up locations please attach additional sheets as necessary

- Monday
 Tuesday
 Wednesday
 Thursday
 Friday

Drop off description and other important information. Please attach additional sheets as necessary:

Contact information

Contact name	Relationship	Phone number	Affiliation/Branch <i>(i.e. DHS)</i>
	Case worker		

Note: Please scan a copy of this form to the OR-Kids file cabinet, education tab.