

Date: _____

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

I affirm this child is in Child Welfare foster care or Trial Home Visit status. School of Origin transportation cannot be used for In-Home CPS cases or once the case is dismissed from ODHS custody. It is the caseworker's responsibility to notify the school district once the case status changes.

Passenger information

Student's legal name: _____

Student's preferred name: _____

ODHS person ID number (student): _____

ODHS case ID number: _____

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

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

Primary language: English Other: _____

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.

Is the student currently receiving transportation by a contracted provider? Yes No

If yes, which provider? _____

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: _____

Resource parent or parent (trial reunification) information

Resource parent or parent name: _____

Resource parent or parent address: _____

City: _____ State: _____ ZIP code: _____

Resource parent or parent phone number: _____

Resource parent or parent email: _____

Student address:

Keep address confidential

Mailing address same as physical address

Physical address: _____

Mailing address: _____

Pick up information

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.

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

Pick up description and additional important information:

Drop off information

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.

Additional information and/or special instructions

Contact information

Contact name	Relationship	Phone number	Local office