



Foster Student School District of Origin Transportation Request Form

ODE Provider #106036

Date: _____

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#).

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 DHS custody. It is the caseworker’s responsibility to notify the school district once the case status changes.

Passenger information

DHS person ID number (child or youth):

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Case ID number:

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

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

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.

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 parent or parent (trial reunification) information

Foster parent or parent name: _____

Foster parent or parent address: _____

City: _____ State: _____ ZIP code: _____

Foster parent or parent phone number: _____

Foster parent or parent email: _____

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.

Monday Tuesday Wednesday Thursday Friday

Pick up description and additional important information:

Drop off information

Same as pick up

Name: _____

Address: _____

City: _____ State: _____ ZIP code: _____

Phone number 1: _____ Phone number 2: _____

Estimated drop off 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	Local office
	Case worker		
	Supervisor		

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