

**HOMELESS STUDENT EDUCATION  
SCHOOL BASED/SCHOOL LINKED SERVICES  
KANSAS CITY MISSOURI SCHOOL DISTRICT  
1215 E. TRUMAN RD., ROOM 515  
KANSAS CITY, MISSOURI 64106  
(816) 418-8684  
TRANSPORTATION REQUEST  
DISPLACED STUDENTS**

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ EFFECTIVE DATE: \_\_\_\_\_

NEW STUDENT:  CHANGE OF ADDRESS

DAY CARE ADDRESS  SCHOOL TRANSFER

SCHOOL: \_\_\_\_\_ PREVIOUS SCHOOL (Only if Transfer): \_\_\_\_\_

PUPIL NAME: \_\_\_\_\_ D.O.B \_\_\_\_\_ GRADE: \_\_\_\_\_ PUPIL NUMBER: \_\_\_\_\_

NEW ADDRESS: \_\_\_\_\_ OLD ADDRESS: \_\_\_\_\_ SS# \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME TELEPHONE #: \_\_\_\_\_ BUSINESS: \_\_\_\_\_ MESSAGE #: \_\_\_\_\_  
EMERGENCY: \_\_\_\_\_

PARENT NAME: \_\_\_\_\_

SHELTER NAME/FOSTER CARE/DFS \_\_\_\_\_ PHONE #: \_\_\_\_\_

DAY CARE ADDRESS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ DOOR TO DOOR: \_\_\_\_\_ CORNER: \_\_\_\_\_

DOUBLE UP:

LIVING WITH FAMILY \_\_\_\_\_ LIVING WITH FRIEND(S) \_\_\_\_\_

REMARKS (Please note special transportation requirements or information that  
may be useful to the transportation provider)

\_\_\_\_\_  
SIGNATURE OF HOMELESS COORDINATOR:

\*\*\*\*\* TRANSPORTATION USE ONLY \*\*\*\*\*

CONTRACTOR: \_\_\_\_\_ CONTACT PERSON AT BUS LOT: \_\_\_\_\_

DATE & TIME NOTIFIED: \_\_\_\_\_ STOP: \_\_\_\_\_

PICK-UP INFORMATION ROUTE #: \_\_\_\_\_ LOCATION: \_\_\_\_\_ TIME: \_\_\_\_\_

AM/EXT. ROUTE #: \_\_\_\_\_ TIME: \_\_\_\_\_ PM/EXT. ROUTE #: \_\_\_\_\_ TIME: \_\_\_\_\_

please check one:

RESPONSIBLE FOR NOTIFICATION: COORDINATOR \_\_\_\_\_ TRANSPORTATION \_\_\_\_\_ CONTRACTOR \_\_\_\_\_