

**EAST ALLEGHENY SCHOOL DISTRICT**  
**HOMELESS/FOSTER CARE TRANSPORTATION**  
**REQUEST FORM**

Student Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Grade: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship  
to Child: \_\_\_\_\_ Alternate  
Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Causal

Event for Homelessness:

- Abandonment
- Act of Nature/Natural Disaster
- Death of Parent or Guardian
- Domestic Violence
- Evictions
- Fire
- Hospitalization of Parent/Guardian
- Other
- Incarceration of Parent/Guardian
- Left Home
- Military
- Parental Job Loss/Loss of Income
- Parent Divorce/Separation
- Separated From Family
- Other Poverty Related Situation
- Unknown
- Foster Care

Current Living Situation:

- Shelter
- Doubled Up
- Hotel/Motel
- Awaiting Foster Care
- Other

Transportation Information:

Begin date: \_\_\_\_\_ End date: \_\_\_\_\_  Shared Cost – District \_\_\_\_\_

Transportation requested: a.m.                      p.m.                      a.m./p.m.                      Shared cost                      \$ \_\_\_\_\_  
EA Share                      \$ \_\_\_\_\_

- ATS
- Other
- Family Reimbursement @ \$15/trip

Pick up/Drop Off Address: \_\_\_\_\_ School  
of Attendance: \_\_\_\_\_ School  
Address: \_\_\_\_\_ School  
Hours: start time \_\_\_\_\_ end time \_\_\_\_\_ Special  
Instructions: \_\_\_\_\_

Shared Cost District Liaison: \_\_\_\_\_ Phone \_\_\_\_\_

Form completed by:	
<u>Mark Draskovich</u>	<u>412-824-9700 Ext. 1250</u>
Name	Phone
<u>Director of Pupil Personnel/Homeless Liaison</u>	<u>East Allegheny School District</u>
Position	School District
_____ Signature	

- cc Superintendent's Office
- Business Office
- Guidance Office
- Shared Cost District or Family