

TROUP COUNTY SCHOOL SYSTEM
FOSTER CARE TRANSPORTATION REQUEST

(Complete **only** if student is living **outside** of the school attendance zone.)

(Fax to Federal Programs Office, attention Nicole Kennedy 706-242-4899.)

Student(s): _____ Age(s): _____

School(s): _____ Grade(s): _____

Foster Parent/Guardian(s): _____

Address: _____ Phone: _____

Father/Guardian's Work Phone: _____ Cell Phone: _____

Mother/Guardian's Work Phone: _____ Cell Phone: _____

Emergency Contact Name: _____ Phone: _____

Emergency Contact Name: _____ Phone: _____

Transportation is needed for: AM PM Both

If needed, at which stops are you able to pick up / drop off your child? (Check all that apply.)

- | | | |
|---|---|--|
| <input type="checkbox"/> Berta Weathersbee | <input type="checkbox"/> Ethel Kight Elementary | <input type="checkbox"/> Franklin Forest |
| <input type="checkbox"/> Hillcrest Elementary | <input type="checkbox"/> Hogansville Elementary | <input type="checkbox"/> Mountville Elementary |
| <input type="checkbox"/> Rosemont Elementary | <input type="checkbox"/> West Point Elementary | <input type="checkbox"/> Whitesville Road Elementary |
| <input type="checkbox"/> Gardner Newman Middle | <input type="checkbox"/> Callaway Elem/Middle | <input type="checkbox"/> Long Cane Elem/Middle |
| <input type="checkbox"/> Callaway High | <input type="checkbox"/> Lagrange High | <input type="checkbox"/> Troup High |
| <input type="checkbox"/> Other / Neither: (Explain) _____ | | |

Other Information: _____

Foster Parent/Guardian Signature: _____ Date: _____

School Official Signature: _____ Date: _____

DFCS Signature: _____ Date: _____

This request expires on the last day of the school year. Include a copy of the completed Foster Care Transportation Agreement with your request. Allow up to 3 working days for arrangements to be made.

OFFICE USE ONLY:

If approved: Foster Parent/Guardian was notified on: _____ Bus Number(s): _____

Pick up Time & Location: _____ Drop off Time & Location: _____

If not approved, reason it was determined to not be in student's best interest: _____

Transportation Official Signature: _____ Date: _____

If needed, alternative transportation options offered by the FC liaison: _____

Foster Care Liaison Signature: _____ Date: _____