



TROUP COUNTY SCHOOL SYSTEM
MCKINNEY-VENTO TRANSPORTATION REQUEST

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

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

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

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"/> Callaway Elementary | <input type="checkbox"/> Clearview Elementary |
| <input type="checkbox"/> Ethel Kight Elementary | <input type="checkbox"/> Franklin Forest Elementary | <input type="checkbox"/> Hillcrest Elementary |
| <input type="checkbox"/> Hogansville Elementary | <input type="checkbox"/> Hollis Hand Elementary | <input type="checkbox"/> Long Cane Elementary |
| <input type="checkbox"/> Rosemont Elementary | <input type="checkbox"/> West Point Elementary | <input type="checkbox"/> Callaway Middle |
| <input type="checkbox"/> Gardner Newman Middle | <input type="checkbox"/> Long Cane Middle | <input type="checkbox"/> Callaway High |
| <input type="checkbox"/> LaGrange High School | <input type="checkbox"/> Troup High School | <input type="checkbox"/> Other _____ |

Other Information: _____

Parent/Guardian Signature: _____ Date: _____

School Official Signature: _____ Date: _____

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

OFFICE USE ONLY:

If approved: 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 M-V liaison: _____

McKinney-Vento Liaison Signature: _____ Date: _____