

SCHOOL BOARD OF PINELLAS COUNTY  
EDUCATIONAL ALTERNATIVE SERVICES  
HOMELESS OR AWAITING FOSTER CARE VERIFICATION  
FOR STUDENT TRANSPORTATION TO SCHOOL OF ORIGIN

Student Name \_\_\_\_\_

Student Number \_\_\_\_\_

Parent Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Current Address \_\_\_\_\_

\_\_\_\_\_

School of Origin \_\_\_\_\_

Shelter for Runaway or Locked Out Youth

Emergency Shelter

Transitional Living Facility

Staying with others for financial reasons (doubled up, unaccompanied youth)

Foster Care

Other (hotel, motel, car, campground, etc.)

Estimated length of stay at above address \_\_\_\_\_

Verification:

Signature from shelter staff designee \_\_\_\_\_ Fax # \_\_\_\_\_

Phone # \_\_\_\_\_

Signature of school designee \_\_\_\_\_

Date of request \_\_\_\_\_

Transportation Use Only:

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Bus Assignment: Route # \_\_\_\_\_

Stop Location \_\_\_\_\_

Pick-up Time \_\_\_\_\_ Drop Off Time \_\_\_\_\_

\_\_\_\_\_  
Route Coordinator

\_\_\_\_\_  
Date effective