

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:

Bus Assignment: Route # _____

Stop Location _____

Pick-up Time _____ Drop Off Time _____

Route Coordinator

Date effective