

# TOGETHER... *We Build Tomorrow!*

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## Clint Independent School District Student Transportation Request Form

Foster Care & Student Success       McKinney-Vento Homeless Program

I-LEARN@School Health Safety Protocols Campus Administrator Approval

Name of the Campus Administrator \_\_\_\_\_ Date: \_\_\_\_\_

Student Information (Completed by Federal Programs district staff)

Name of Student:	Student ID#:	Grade:
DOB:	Age:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Attending School:	School Address:	
School Phone #:	School Hours:	
Parent/Guardian:	Phone #:	
Residing Address:	Alternate Phone #:	
Extracurricular activities: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> AM <input type="checkbox"/> PM	
Days: <input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri	Time: _____ PM	
Transportation needs (if applicable):		

Federal Programs Staff Name \_\_\_\_\_ Title: \_\_\_\_\_

Federal Programs Staff Signature \_\_\_\_\_ Date: \_\_\_\_\_

Clint ISD Homeless Liaison: Angelica Venzor, Parental Involvement Specialist

\_\_\_\_\_ Date \_\_\_\_\_

*\*Homeless Liaison Approval Signature\**

Clint ISD Foster Care Liaison: Melissa Williams, Federal Programs Director

\_\_\_\_\_ Date \_\_\_\_\_

*\*Director Approval Signature\**

Please contact Angelica Venzor with the Office of Federal Compensatory Programs for more information

915-926-3255 Office

915-490-6479 Cell

915-926-3258 Fax

Email: [Angelica.venzor@clint.net](mailto:Angelica.venzor@clint.net)

***For Transportation Services Use Only***

In which district does the student reside:

Socorro ISD       Clint ISD       Canutillo ISD       Tornillo ISD

San Elizario ISD       El Paso ISD       Ysleta ISD       Other

PICK UP	DROP OFF
District:	District:
Start Date:	Start Date:
Time:	Time:
Bus #:	Bus #:
Dispatch Phone#(report absences):	Dispatch Phone#(report absences):915-926-4900

This form can only be completed and submitted by the District Homeless/Foster Care Liaison or other Federal Programs designee.