

## **Lawton Public Schools**

## **Foster Care Transportation Request**

Date:	School:		Grade:
Student:			
Pick-up Address:			
Drop-off (if different)			
Responsible Adult N	ame:		
Contact #			
Transportation needed (circle) AM PM AM/PM Other:			
Bus Information:		•	
	Complete only If School o	f Origin is outside the School Distr	ict
School of Origin:	Complete only If School o	f Origin is outside the School District:	ict
	•		minutes:
School of Origin:	•	District:	
School of Origin: Distance from Reside	ence to School:	District:	
School of Origin: Distance from Resident miles: Closest LPS bus stop	ence to School:	District: Estimated Commute(one way)	
School of Origin: Distance from Resident miles: Closest LPS bus stop If applicable, addition	ence to School:	District: Estimated Commute(one way) /month	
School of Origin: Distance from Resident miles: Closest LPS bus stop If applicable, addition	ence to School:  o: nal cost for transportation: \$	District: Estimated Commute(one way) /month	
School of Origin: Distance from Residenties: Closest LPS bus stop If applicable, addition Transportation is sup	ence to School:  o:  nal cost for transportation: \$  oplemented by DHS (circle):	District: Estimated Commute(one way) /month	

December 2016 Title I Foster Care