



Lawton Public Schools

Foster Care Transportation Request

Date:	School:	Grade:
Student:		
Pick-up Address:		
Drop-off (if different)		
Responsible Adult Name:		
Contact #		
Transportation needed (circle)	AM	PM
AM/PM	Other:	
Bus Information:		

Complete only If School of Origin is outside the School District

School of Origin:	District:
Distance from Residence to School: miles:	Estimated Commute(one way) minutes:
Closest LPS bus stop:	
If applicable, additional cost for transportation: \$ /month	
Transportation is supplemented by DHS (circle): YES NO	
If yes, amount: \$	
Transportation details:	