

Transportation Services Request Form for McKinney-Vento of Foster Care Student

Today's Date: _____

School of Origin: _____

(Home School)

Transportation Services Requested and Locations

Services Requested = AM and/or PM

Location = 911 address of shelter/hotel, etc.

AM

Location: _____

PM

Location: _____

Student Name: _____

Check if this student is in foster care

Person Making Request: _____

(School Based MV Liaison)

**Send Scan Completed Request to Emails Listed Below &
Copy to Kelly Marcy, Tonya Reid:**

Renee Hawkins	Kim Tenor	Jennifer Haire	Tonia Williams
rhawkins@iss.k12.nc.us	ktenor@iss.k12.nc.us	jennifer_haire@iss.k12.nc.us	twilliams@iss.k12.nc.us
Central ES	Coddle Creek ES	EC	Celeste Henkel ES
Harmony ES	Lake Norman ES/HS		Cloverleaf ES
Northview IB	Woodland Heights ES		Cool Spring ES
North Iredell HS/MS	Brawley MS		East Iredell ES/MS
South Iredell HS	Mt Mourne IB		NB Mills ES
Statesville MS	Lakeshore ES/MS		Pressly
Third Creek ES	Shepherd ES		Scotts ES
Troutman ES/MS			Sharon ES
Union Grove ES			Statesville HS
			West Iredell HS/MS
All Early College and Pressly students should be sent to the routing specialist for the associated High School.			

TIMS OFFICE USE ONLY:

Date: _____

RS Initial: _____

Contract Transportation

Routed on School Bus

Other

_____ miles added AM

_____ miles added PM