

Request for Hardship for Pre-kindergarten through Grade 6 Homeless Students

School Name: _____ Student I.D. #: _____

School Address: _____ Phone: (____) _____ Fax: (____) _____

Student's Name: _____ Grade: _____
(Pre-Kindergarten – Grade 6 Only)

Current Address: _____

City: _____ Current Phone: (____) _____

Check applicable box: address of shelter residence of other individuals or family.

Name of Parent/Guardian: _____ Relationship: _____

Current Address: _____

City: _____ Current Phone: (____) _____

Please indicate below the reason(s) you are requesting hardship transportation services:

(Check all applicable boxes)

- The parent/guardian is employed and/or attending a bona fide job training or educational program which precludes him/her transporting his/her child(ren) to/from school.
- The parent/guardian is mentally or physically disabled and such disability precludes him/her transporting his/her child(ren) to/from school.
- The parent/guardian is responsible for transporting his/her children to schools at different locations.
- The parent/guardian resides in a shelter or similar facility which will not permit parent to leave to transport his/her child(ren) to/from school.
- The parent/guardian is required by court order, by the Department of Children and Family services (DCFS) or by a DCFS contract agency, to engage in services which prohibit him/her from transporting his/her child(ren) to/from school.
- There is other good cause (explained below) why parent/guardian cannot use public transportation to transport his/her child(ren) to/from school.

Please indicate the approximate duration of the hardship: _____

Is this child in an after school Program: <input type="checkbox"/> Yes <input type="checkbox"/> No Days of Week: <input type="checkbox"/> Mon. <input type="checkbox"/> Tues. <input type="checkbox"/> Wed. <input type="checkbox"/> Thurs. <input type="checkbox"/> Fri. Pick up time _____ Dates of program _____ thru _____
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Please note: The school is entitled to verify the hardship, and if verification is not possible, parent/guardian must submit an affidavit attesting to the facts supporting the parent/guardian's request for hardship transportation. Parent/guardian should provide any available documents verifying hardship (for example: a doctor's statement, employment's letter, from showing registration in college/trade school/job training program, letter from a shelter, DCFS statement, court order, or any other documentation). Any parent determined to provide false information for the purpose of securing hardship transportation may be denied such transportation. If request for hardship transportation is denied, parent/guardian has the right to appeal the decision to the Homeless Liaison. A Dispute Resolution Process Form may be obtained from the principal, Homeless Education Liaison, or school clerk.

Parent/Guardian's Signature: _____ Date: _____

The school should keep the original completed form on file in the school office. In accordance with the MCS D Public Schools Policy and Procedures on Education of Homeless Children and Youth, please make a copy of the completed form immediately fax this form, along with any available verification documents, to the MCS D Homeless Education Program at (706) 748-2177. A Dispute Resolution Process Form may be obtained from the principal, Homeless Education, or school clerk.