

HEP FORM 2-B

MUSCOGEE COUNTY SCHOOL DISTRICT

Response to Request for Hardship Transportation for Homeless Students

School Name: _____ Attention: _____

School Address: _____ Phone: _____ Fax: _____

Student's Name: _____ Grade: _____

Name of Parent/Guardian: _____ Relationship: _____

Request for hardship transportation approved.

Request for hardship transportation not approved.

Reason not approved: _____

Authorized Signature: _____ Date: _____
(Homeless Education Liaison or Designee)

Upon receipt of this form, the school should notify the parent/guardian of the status of his/her request for hardship transportation. If the request for hardship transportation was not approved, the parent/guardian:

(Check all applicable boxes.)

- Was informed of his/her right to appeal
- Was supplied with the Dispute Resolution Form and of the appeal process.
- Did not appeal the decision.
- Filed a Dispute Resolution Process Form. Date of Filing: _____

Authorized Signature: _____ Date: _____
(Homeless Education Liaison or Designee)

- Please change address on status file: _____
- Please complete HEP Student Information Form and fax to (706) 748-2177.

If hardship transportation is not approved, a translation of the reason(s) hardship transportation was denied will be provided upon request.