

MUSCOGEE COUNTY SCHOOL DISTRICT

Response to Request for MCSD Transportation for Homeless Student Form

School Name: _____ Attention: _____

School Address: _____ Phone: _____ Fax: _____

Student's Name: _____ Grade: _____

Name of Parent/Guardian: _____ Relationship: _____

- Request for MCSD transportation approved.
- Request for MCSD transportation denied.

Reason for denial:

- The school for which transportation is requested is Not the school of origin. (MCSD policy states, "The Board shall ensure that transportation will be provided To every homeless child or youth who chooses to Attend his or her school of origin within the district.")

Other: _____

Authorized Signature: _____ Date: _____
 (MCSD Homeless Case Manager Specialist)

Upon receipt of this form, the school should notify the parent/guardian of the status of his/her request for transportation was denied. The parent/guardian:

(Check all applicable boxes.)

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

Authorized Signature: _____ Date: _____
 (MCSD Homeless Case Manager Specialist)

Please change address on status file: _____

If MCSD transportation is denial, a translation of the reason(s) will be provided upon request.