

**Hillsborough County Public Schools  
Homeless Education and Literacy Project  
Transportation Alert Form for Homeless Students**

**Referring School Social Worker:**

**HELP: Students in Transition Social Worker:**

**Child's Name (Last, First):**

**Student #: (if known)**

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

**Current Address (Street, Apt. #):**

**City, Zip:**

<input type="text"/>	<input type="text"/>
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**Nearest Intersection and Major Cross Streets:**

**Anticipated Length of Stay at Current Address:**

**Name of Parent/Guardian:**

**Parent Home Phone:**

**Parent Work Phone:**

<input type="text"/>	<input type="text"/>
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**Current School:**

**Grade:**

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

**Program: (Traditional, ESE, etc.)**

**Additional Comments Regarding the Situation:**

**Date of Inquiry:**

**Target Date for New Transportation:**

<input type="text"/>	<input type="text"/>
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**Inquiry Completed By:**

**Work Phone:**

<input type="text"/>	<input type="text"/>
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**Email Address (Reply will be sent by email)**

**Agency Name**

<input type="text"/>	<input type="text"/>
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**\*\*Below to be completed by transportation dept or transportation liaison\*\***

**Approval information by transportation dept:**

**Denial by transportation department reason:**

**If Denial, transportation given to student(s) by (i.e. bus passes, gas card, cab):**

**NOTE: For transportation request to go forward the mainframe must indicate student is homeless and the address must be updated**