# TEMPLATE 2: TRANSPORTATIONTO ENSURE SCHOOL STABILITY

Individual Student Form

**Student (Name and Date of Birth):** [Click here to enter text.]

* Foster Parent/Guardian (Name and Contact Info): [Click here to enter text.]
* Education Decision Maker, if different) (Name and Contact Info): [Click here to enter text.]
* IEP Parent, if different (Name and Contact Info): [Click here to enter text.]

**Local Education Agency:** [Click here to enter text.]

* ESSA Point of Contact (Name and Contact Info): [Click here to enter text.]
* Foster Care Liaison (Name and Contact Info): [Click here to enter text.]
* Transportation Contact (Name and Contact Info): [Click here to enter text.]
**Local Child Welfare Agency:** [Click here to enter text.]
* Caseworker (Name and Contact Info): Click here to enter text.]
* ESSA Point of Contact (Name and Contact Info): [Click here to enter text.
The child welfare agency verifies that:
1. A best interest decision has been made and it is in the best interest of the child to remain in their school of origin.
2. It is in the child’s best interest to remain in their school of origin because (briefly describe the deciding factors): [Click here to enter text.]
3. The following efforts have been made to place the student in a home as close as possible to the school of origin. [Click here to enter text.]
4. The child is/is not eligible under Title IV-E
	1. If child IS eligible, reimbursement for some funding of transportation costs

 will be pursued

 cannot be pursued for this reason: [Click here to enter text.]

1. The following efforts were taken to identify a no- or low-cost transportation service: [Click here to enter text.]

The LEA verifies that:

1. There is /is not an existing transportation option that can maintain the student in the school of origin new living placement. If there is an existing option, explain below: [Click here to enter text.]

The LEA and child welfare agency agree that:
2. The most cost-effective transportation option for this student will be: [Click here to enter text.]
3. Costs for this transportation will be covered as previously agreed upon procedures set by the LEA and CWA, except as parties have agreed to below: [Click here to enter text.]

These transportation procedures were agreed to on the following date: [Insert date] and will be implemented within [XX] days, by the following date: [Insert date].

Authorized Signature for [Child Welfare Agency]

Authorized Signature for [Local Education Agency]