



NEWBERG

PUBLIC SCHOOLS

INSPIRE. INNOVATE. SUCCEED.

McKinney-Vento Family Special Transportation Request

email form to jaspers@newberg.k12.or.us

Date: _____

Person completing this form: _____ Contact Phone: 503.550.5767

Parent/Guardian or contact: _____ Phone (if avail.): _____

Address: _____

Student name(s): _____

School Attending: _____

Requested Transportation Schedule:

Date service begins: _____ Date service ends: _____

----- AM ----- | ----- PM -----
Pick up Time: ____ : ____ Drop Off: ____ : ____ | Pick up Time: ____ : ____ Drop Off: ____ : ____

Bus # _____ Address Bus will pick up at: _____

Special Instructions:

>Does parent/guardian need to be present for drop off **Yes** **No**

>If yes, please specify names of those who are approved to receive child(ren) from district transport: _____

Other special instructions:

McKinney-Vento Liaison Signature: _____ Date: _____

Newberg School District: _____ Date: _____

Student/Transport Signature: _____ Date: _____

Updated 1/5/2023