

**HOMELESS
Student Transportation Action Request (HSTAR)
Department of Transportation
MONTGOMERY COUNTY PUBLIC SCHOOLS
Germantown, Maryland 20874
SEE COMPLETION INSTRUCTIONS ON REVERSE.**

A. Student Information

Name: First _____ MI _____
Last _____
DOB ____/____/____ Age ____ Grade ____ Gender: M F
Current Residence _____
City _____ State _____ Zip _____
Father's Name _____
Father's Phone: H) _____ W) _____
Mother's Name _____
Mother's Phone: H) _____ W) _____
Language Spoken at Home: _____
Emergency Contact: _____
Relationship: _____
Emergency Phones: _____

B. School of Origin

_____ HS MS ES Private

C. New School Assignment/Service Request (See reverse.)

TO—New School Assignment:
_____ HS MS ES Private
Effective Date ____/____/____ If temporary, until ____/____/____
PICK UP location and address (day care phone # if applicable)

DROP OFF location and address (day care phone # if applicable)

 Student attends full school day at regular school hours and days.
 Student does **NOT** attend school at regular school hours. Schedule is:
 M T W Th F
Start Time ____:____ a.m. p.m. End Time ____:____ a.m. p.m.

H. Student Abilities Assessment

Answers below help determine transportation services.
1. **ATTENDANT**—Check Yes or No:
a. Can the student follow instructions for independently moving on/off a bus?
 Yes No
b. Can the student climb stairs unassisted? Yes No
c. Can the student be on the bus without close adult supervision in spite of his/her medical condition? Yes No
2. **LIFT EQUIPPED BUS**— Yes No If yes, what type? _____
 Wheelchair Scooter Stroller
 Electric (see restriction on reverse) Manual

Print student last name only here in large letters.

Student ID Number _____

D. Special Education or School Program (See reverse):

Code _____ Program: Full Name Description (PRINT) _____

E. Transportation Action

- New/Start**—Transportation is being arranged for the first time.
- Change**—Transportation revision due to change of:
 - School Program Pickup/Drop Off location
 - Residence Other: _____
 - Start/Change Transportation ASAP (within 4 school days of request)
 - Delay Change/Start until ____/____/____
- STOP TRANSPORTATION EFFECTIVE** ____/____/____.
- Stop**—Student no longer needs specialized transportation.

F. Medical Information (See restrictions on reverse.)

Check if NO medical conditions related to transportation.
Doctor _____ Phone _____
Hospital Preference _____
Medical Information _____
Are there any *life threatening* issues? Yes No
If Yes, explain _____
 Other: _____

G. Approvals

Completed by _____ Date ____/____/____
Title _____ Phone _____
Approved by _____ Date ____/____/____
Print Name _____
Title _____
Phone _____ Fax _____

- 3. **CHILD RESTRAINT**—
 - a. Is the student a flight risk, or does his/her behavior require confining the child to a seat? Yes No
 - b. Does the student have a medical condition that prevents maintaining a normal seated position? Yes No
 If either a or b is checked yes, height and weight **MUST BE COMPLETED**.
Height (inches) _____ Weight (lbs.) _____
- 4. **STUDENT ABILITY**—Check Yes or No.
 - a. Is student's participation in school playground activities, physical education, and/OR sports restricted? Yes No
 - b. Is student's participation in neighborhood outdoor activities restricted for medical or behavioral reasons? Yes No

DOT USE ONLY

_____/_____/____ Date Received
_____/_____/____ Date Completed
_____/_____/____ Router Initials
_____/_____/____ Date Transportation Effective
_____/_____/____ Inbound Route
_____/_____/____ AM Stop Time
_____/_____/____ Outbound Route
_____/_____/____ PM Stop Time
Processed by _____ Pickup location _____ Drop off Location _____

Homeless Student Transportation Action Request Form (HSTAR) COMPLETION INSTRUCTIONS

PURPOSE: This Homeless Student Transportation Action Request (HSTAR, MCPS Form 335-77B, revised 8/07) is used to establish, change, or delete (stop) transportation for all eligible students only, subject to established regulations governing homeless students. DO NOT use this form for any other students – use STAR, MCPS Form 336-42 for all other students.

WHO USES THIS FORM: MCPS school administrators, IEP teams, and/or staff of MCPS offices must complete all information in full, including **Section H—Student Abilities Assessment** on the front of this form, for all new placements. Subsequent changes or deletions for the same student need only the pertinent information completed. Sections F and H can be left blank when a change is only for pickup/drop off locations. Legible approval signatures are required before processing.

SUBMITTING THE FORM: The completed HSTAR form should be faxed directly to the homeless liaison at 301-230-0685 and copied to the Department of Transportation.

PROCESSING: Transportation services are arranged as soon as possible unless otherwise noted. **REQUESTS MAY REQUIRE 4 SCHOOL DAYS FROM DATE OF RECEIPT TO COMPLETE.** All information is confidential. Verbal requests cannot be honored. This form **must** be faxed immediately to the Department of Transportation

SECTION-BY-SECTION COMPLETION INSTRUCTIONS:

Top, right-hand box: In large, bold print, indicate only the student’s last name.

- A. STUDENT INFORMATION**—Complete all information including student ID number, address, and contact information.
- B. SCHOOL OF ORIGIN**—Indicate the school the child last attended before becoming homeless or the school the child was last enrolled in.
- C. NEW SCHOOL ASSIGNMENT**—Indicate the pick up and drop off locations in the areas marked “PICK UP location” and “DROP OFF location” in this section. (If this section left blank, we assume residence is pick up and drop off and we route accordingly.) Placements should be made at school of origin or the school nearest the student’s temporary residence that meets the student’s educational needs. Student transportation is subject to homeless regulations as well as walk areas established by the BOE. CAUTION! Distant placements will result in lengthy ride times to and from school!
- D. SPECIAL EDUCATION OR SCHOOL PROGRAM**—Codes should be printed with the program name this child participates in. Many program code and name explanations are listed below. If not shown check “other,” and print program code and name.
- E. TRANSPORTATION ACTION**—Check to indicate whether this is a NEW/START or CHANGE request. Check to indicate other information as shown, and any delay in starting date. Normal transportation arrangements can take up to 4 school days to arrange. Parents are notified by telephone.
- F. MEDICAL INFORMATION**—This is necessary confidential safety and emergency information. Complete section in full unless there is “no medical condition related to transportation.”
IMPORTANT: No wheelchairs/scooters with liquid-acid batteries are permitted unless it is DOT approved! Children in strollers are transferred to bus seats.
- G. APPROVALS**—Incomplete or unapproved forms will be returned to the requestor for completion.
- H. STUDENT ABILITIES ASSESSMENT**—Transportation services will be commensurate with student abilities indicated in this section. Complete all sections H1 through H4 as applicable.

SPECIAL EDUCATION OR SCHOOL PROGRAM CODES

504	Medical (Not Temporary)	LAD	Learning/Academic Disabilities
AAC	Augmentative Alternative Education	LANG	Language Disabilities
ALT	Alternative Education	LC	Secondary Learning Center
AUT	Autism	LFI	Learning for Independence
BRG	Bridge	MAG	Magnet School Programs (Central Stops)
CI	Chinese Immersion	METS	Multidisciplinary Education Training Support
DHOH	Deaf and Hard of Hearing	PD	Physical Disabilities
ED	Emotional Disabilities	PEP	Preschool Education Program
ELC	Elementary Learning Center	PREK	Pre-Kindergarten
ESOL	English for Speakers of Other Lang.	PVT	Private
FI	French Immersion	SCBP	School Community Based
GT	Highly Gifted (Central Stops)	SI	Spanish Immersion
GTLD	Gifted and Talented Learning Disabled	SPTH	Speech Therapy
HSTRT	Head Start	VIS	Vision Programs
IB	International Baccalaureate		