

## McKinney-Vento REQUEST FOR TRANSPORTATION

**School District Name: Horry County Schools** 

1. Student Name	2. School	
7. Otagent Name	2. 0011001	
O. Barrey ( O. care Prov.	A Bassation Control	
3. Parent/ Guardian	4. Parent/Guardian Contact	
5. Pick Up Address	6. Drop Off Address	
•	•	
Scan and small a copy of the completed form to Mar	go Cox, Homeless Liaison for Horry County Schools, at	
	signed copy for your records will be sent back to you via	email.
* I have verified that the students listed above do not	require special accommodations for transportation.	
0	0:	
School Liaison Name <u>(required)</u>	Signature <u>(required)</u>	Date
District Liaison Name (required)	Signature (required)	Date