

JPS – OFFICE OF FEDERAL PROGRAMS

101 Near Street
Jackson, MS 39203

**PALS PROGRAM
REQUEST FOR TRANSPORTATION**

MSIS No. _____

Directions: Please complete this form for each student requesting transportation to school of origin.

Student's Name: _____ Date: _____

From: (Shelter Name) _____

To: (School Name) _____

For _____ days.

When do you want transportation to start? _____

Bus number#: _____

Bus pick up time: _____

Bus return time: _____

Signatures:

Shelter Director: _____

Homeless Liaison: _____

Transportation Director: _____