

Attachment C
Arlington Public Schools
Department of Student Services
Office of Special Education

FAX Number 703 228-2412

Date: January 19, 2017

Number of Pages: 1 (including cover)

TO:

FROM: Mary Green, Student Services

Phone: 703 228-6051

Re: Student Name & Ms. (Mom)

Starting Tuesday 1/24/17 please pick up (student name) and Mom from home and transport to Rivermont School then return Mom back home, this will be for AM/PM and this will continue until further notice. Pick up times will be needed.

AM Pick up Location: (address) Arlington, VA 2220x 703-xxx-xxx Home #

Transport to: Rivermont School
6700 Springfield Center Dr.,
Suite E
Springfield, VA 22150 (703) 373-3379

With return trip needed from school back home. Any questions please give me a call.

Thanks!
Mary

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Arlington Public Schools
Department of Student Services
Office of Special Education

FAX Number 703 228-2412

Date: August 1, 2016
Number of Pages: 1 (including cover)

TO: Cab Company Contact 703-xxx-xxxx

FROM: Braé Walker, Student Services

Phone: 703 228-6050

Account #

Re: Student & Parent

On Friday, August 5th 2016, please pick up **the above student and parent**. This is a one-time arrangement and will be round trip.

Pick up/Location/Time: 11:00 AM

xxx Street
Arlington, VA 22206
703-xxx-xxxx

Transport to:

The Lourie Center
12301 Academy Way
Rockville MD

Pick up/Location/Time: 1:00 PM

The Lourie Center
12301 Academy Way
Rockville, MD
301-984-4444

Transport to:

xxx Street, Arlington, VA

Please Confirm, Thank You,
Braé

Attachment C
Arlington Public Schools
Department of Student Services
Office of Special Education

FAX Number 703 228-2412

Date: December 19, 2016

Number of Pages: 1

TO: Taxicab Company

FROM: Mary Green, Student Services

Phone: 703 228-6051

January Schedule for Contract Schools

Schools

APS	Closed 1/2, 1/16, & 1/20/17
Aurora School	Closed 1/16/17 Early Release 1/27/17 @ 1:00 PM
Frost School	Closed 1/2, 1/20/17 Early Release 1/4 & 1/18/17 @ 12:00 PM
Lourie Center School	Closed 1/2, 1/16, 1/20/17 Early Release 1/4, 1/11, 1/18, & 1/25 /17 @ 1:00 PM
Phillips / Fairfax	Closed 1/2, 1/16, 1/20, & 1/27/17
Phillips School	Closed 1/2/16, 1/16, 1/20, & 1/27/17
Rivermont School	Closed 1/1 6/1 7 Early Release 1/11, 1/25/17 @ 12:00 PM

ATTACHMENT D

Virginia (703) [REDACTED] D.C. (202) [REDACTED]
 THESE AGENTS ARE AVAILABLE FOR SERVICE AT THE
 NATIONAL BROADCASTING CENTER
 816 9th WALKER BIRD DRIVE
 ARLINGTON VA 22204

FROM: _____
 AUTHORIZED BY: _____
 SIGN: _____
 TO: _____
 SERVICE RECEIVED BY (Name): _____
 SPECIAL INSTRUCTIONS: _____

WEEK UP TIME	DATE	TIME
MON	11/11/88	11:00 AM
TUE	11/12/88	11:00 AM
WED	11/13/88	11:00 AM
THUR	11/14/88	11:00 AM
FRI	11/15/88	11:00 AM
SAT	11/16/88	11:00 AM
SUN	11/17/88	11:00 AM

CLIENT CODE: _____
 EMPLOYEE NO: _____

DATE	11/11/88	TIME	11:00 AM
ORDER NO.	228-4790	ORDER NO.	9025638
TAXI METER FARE	1.00	TAXI METER FARE	1.00
DELIVERY CHARGE	\$	DELIVERY CHARGE	\$
OTHER CHARGE	\$	OTHER CHARGE	\$
TIP	\$	TIP	\$
TOTAL CHARGE	\$	TOTAL CHARGE	\$

DRIVER'S COPY

11/0094 2923 0001

Attachment E

Student Information When Requesting Project Extra Step Transportation

Date special transportation is to begin: _____

Date special transportation is to end: _____

Name of student: _____

Date of Birth: _____

Is student identified with a disability? _____ Yes _____ No

Parent name / Unaccompanied Youth: _____

Telephone number where parent / unaccompanied youth can be reached: _____

Address of shelter/ home: _____

School: _____ Phone #: _____

School Address: _____

Grade: _____

Name of school contact person: _____

Telephone number of contact person: _____

Mode of transportation: Bus/Metro _____ Taxi Cab _____ Other _____

Pick-up time from shelter/ home (a.m.): _____

Pick-up time from school (p.m.): _____ / _____

Regular

Early Release

Bus Route #: _____ Pick-up address: _____ Drop-off address: _____

It is the parent's/unaccompanied youth's responsibility to call the taxicab company to cancel the taxi at any time the child/unaccompanied youth will not be attending school (illness, etc.). Cab Company can be contacted at (703) xxx-xxxx between 4 pm – 8 am or (703) xxx-xxxx between 8 am and 4 pm.

RECOMMENDATION FOR APPROVAL:

Susan Miller, Liaison

Laura Newton, Ph.D.
Director Student Services

Date

Date

To be signed and returned to Susan Miller, Homeless Liaison, before taxicab or public transportation services can begin.

I give permission for my child to receive taxicab or public transportation services provided through Arlington Public Schools Project Extra Step. I hereby authorize Arlington Public Schools to provide taxicab or public transportation services.

In the event that transportation services are granted, as the parent/guardian of the below-named student, I agree to make sure my child is waiting for the cab prior to its arrival each school morning and/or afternoon OR I will phone the cab company 30 minutes prior to the AM and/or PM pickup if the cab is not needed. I understand that if I fail to follow-through with these requirements, the cab will no longer transport my child. I will then become responsible for making the necessary transportation arrangements to get my child to/from school.

As the parent/guardian of the below-named student, I agree that at no time will food or beverages be brought into or consumed in the cab during transport. I understand that if I fail to follow-through with these rules, the cab will no longer transport my child. I will then be responsible for making the necessary transportation arrangements to get my child to/from school.

Parents/Guardians are at no time to call the cab company directly to arrange for an alternative pick-up or drop-off time without the prior permission gained through Arlington Public Schools, Department of Student Services Office. The only exception to this would be a cancellation for student's illness when not expected to attend school. *Blue Top Cab Company* can be contacted at (703) 243-8294 between 4:00 p.m. and 8:00 a.m. or (703) 516-7450 between 8:00 a.m. and 4:00 p.m.

In the event that public transportation services are granted, as the parent/guardian of the below-named student, I agree to be responsible for the SmarTrip Card issued. I agree that the funds provided on the SmarTrip Card are to be used only for transportation to/from home/school and that no other transportation is authorized. The safe keeping of the SmarTrip Card is the responsibility of my child and is necessary for adding funds for transportation. I understand that if I fail to follow-through with these requirements, SmarTrip Card funds will no longer be issued to transport my child. I will then become responsible for making the necessary transportation arrangements to get my child to/from school.

Please note that all of the above information applies to unaccompanied youth.

NAME OF STUDENT: _____

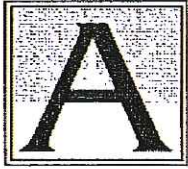
SCHOOL: _____

SCHOOL CONTACT: _____

TELEPHONE NUMBER OF PARENT/GUARDIAN/UNACCOMPANIED YOUTH: _____

Signature of Parent/Guardian or Unaccompanied Youth

Date



Arlington
Public
Schools

Education Center 1426 N. Quincy Street •Arlington, Virginia 22207

Project Extra Step Cab Transportation Agreement

This agreement remains in effect as long as the student:

1. Remains eligible for McKinney-Vento transportation services.
2. Has no excessive unauthorized tardiness or unexcused absences (no more than three).

Students receiving cab transportation under Project Extra Step are required to be ready at the time agreed upon for cab pick-ups. The cab company will wait no longer than 10 minutes for the student to appear for pick-up. If the time is not adhered to, the cab will not return. If there are more than 3 incidences where the student is not ready for the cab, the cab service will be permanently terminated for the remainder of the school year. It then will be the parent's responsibility to contact the school district transportation office to request reconsideration for district transportation. If transportation cannot accommodate the request, the parent will become responsible for the child's transportation to school and from school,

Parents/Guardians are at no time to call the cab company directly to arrange for an alternative pick-up or drop-off time without prior permission gained through Arlington Public Schools Department of Student Services Office. The only exception to this would be a cancellation for student's illness when not expected to attend school. The Cab Company can be contacted at (703) xxx-xxxx between 4:00 p.m. and 8:00 a.m. or (703) 516-7450 between 8:00 a.m. and 4:00 p.m.

Student's Name: _____ Grade: _____

School District: _____ Current School: _____

Parent/Guardian/Unaccompanied Youth Name: _____

Phone: _____

Pick-up address: _____

Drop-off address: _____

Date when cab transportation will begin: _____

As the parent/guardian of the above-named student, I agree to make sure my child is waiting for the cab prior to its arrival each school morning and/or afternoon OR I will phone the cab company prior to 7:00 a.m. if the cab is not needed. I understand that if I fail to follow-through with these requirements, the cab will no longer transport my child. I will then become responsible for making the necessary transportation arrangements to get my child to/from school. Please note that all of the above information applies to unaccompanied youth.

Parent/Guardian/Unaccompanied Youth Signature

Date

Homeless Liaison Signature

Date