

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES AND STATE EDUCATION DEPARTMENT
**INDIVIDUAL TRANSPORTATION PLAN
FOR A STUDENT IN FOSTER CARE**

Student's name:

Student's date of birth: / /

Student's current grade level:

School to be attended (address):

Foster care placement address (address from which transportation will be provided):

School district of origin:

School district of residence, now designated district of attendance (where different from district of origin):

Date of best interest determination (BID) document received: / /

Date of

