**EXHIBIT** Descriptor Code: FDH-E2

## FOSTER CARE STUDENT TRANSPORTATION PLAN

Stu	udent's Name				State ID		
Gender			DOB		Grade		
Cu	rrent School				Phone		
Ca	se Manager				Phone		
Da	te of Meeting				Location		
Che	eck all determined	l transporta	ntion o	ntions:			
	Existing bus route	•			Contracted to	ransportation	
	Modified bus rout					·	
		Specialized transportation		_	·	Public transportation	
	County car				Foster parent/designated caregiv		
_	•				Agency vehic	Agency vehicle	
Ш	<ul> <li>District vehicle</li> <li>Transportation for the student will be pro-</li> </ul>			Other			
<b>Che</b>	eck how all detern CWA agrees to p		portati	on is func		/A agree to share the	
	LEA agrees to pa	•			costs		
	Eligible under Titl	_			School of ori agree to sha	gin and other district re costs	
	CWA agrees to reparents	eimburse fo	ster		Other		
If ap	oplicable, describe	in detail the	cost sl	haring arra	ingement:		
	Dispute resoluti mode or cost.	on: The loc	al CW	A and Dis	trict <u>cannot</u> r	esolve transportation	
	This transportat					rough the end of the al stability.	

All questions or changes to the plan must be directed to Starkweather Public School District Foster Care Point of Contact, at 505 East Main Street PO Box 45 Starkweather ND 58377 and 701-292-4381.

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## **Authorized Signatures:**

Transportation Plan Attendance (Print Name)	Title or Relationship to Foster Child	Signature	Agree with Determination? (Circle)	
			Yes	No
			Yes	No