

**FOSTER**  
**Student Transportation Action Request (FSTAR)**  
 Department of Transportation  
**MONTGOMERY COUNTY PUBLIC SCHOOLS**  
 Germantown, Maryland 20874  
**SEE COMPLETION INSTRUCTIONS ON REVERSE.**

**A. Student Information (foster students only)**

Name: First \_\_\_\_\_ MI \_\_\_\_\_  
 Last \_\_\_\_\_  
 DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Grade \_\_\_\_ Gender:  M  F  
 Current Residence \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Father's Name \_\_\_\_\_  
**Father's Phone:** H) \_\_\_\_\_ W) \_\_\_\_\_  
 Mother's Name \_\_\_\_\_  
**Mother's Phone:** H) \_\_\_\_\_ W) \_\_\_\_\_  
 Language Spoken at Home: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Emergency Phones: \_\_\_\_\_

**B. School of Origin**

\_\_\_\_\_  HS  MS  ES  Private

**C. New School Assignment/Service Request (See reverse.)**

**TO**—New School Assignment:  
 \_\_\_\_\_  HS  MS  ES  Private  
 Effective Date \_\_\_\_/\_\_\_\_/\_\_\_\_ If temporary, until \_\_\_\_/\_\_\_\_/\_\_\_\_  
 PICK UP location and address (day care phone # if applicable)  
 \_\_\_\_\_  
 DROP OFF location and address (day care phone # if applicable)  
 \_\_\_\_\_  
 Student attends full school day at regular school hours and days.  
 Student does **NOT** attend school at regular school hours. Schedule is:  
 M  T  W  Th  F

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**H. Student Abilities Assessment**

Answers below help determine transportation services.  
 1. **ATTENDANT**—Check Yes or No:  
 a. Can the student follow instructions for independently moving on/off a bus?  
 Yes  No  
 b. Can the student climb stairs unassisted?  Yes  No  
 c. Can the student be on the bus without close adult supervision in spite of his/her medical condition?  Yes  No  
 2. **LIFT EQUIPPED BUS**— Yes  No If yes, what type? \_\_\_\_\_  
 Wheelchair  Scooter  Stroller  
 Electric (see restriction on reverse)  Manual

**Print student last name only here in large letters.**

Student ID Number \_\_\_\_\_

Start Time \_\_\_\_:\_\_\_\_ a.m. p.m. End Time \_\_\_\_:\_\_\_\_ a.m. p.m.

**D. Special Education or School Program (See reverse):**

Code \_\_\_\_\_ Program: Full Name Description (PRINT)

**E. Transportation Action**

- New/Start**—Transportation is being arranged for the first time.
- Change**—Transportation revision due to change of:
  - School  Program  Pickup/Drop Off location
  - Residence  Other: \_\_\_\_\_
  - Start/Change Transportation
  - Delay Change/Start until \_\_\_\_/\_\_\_\_/\_\_\_\_
- STOP TRANSPORTATION EFFECTIVE** \_\_\_\_/\_\_\_\_/\_\_\_\_.
- Stop**—Student no longer needs specialized transportation.

**F. Medical Information (See restrictions on reverse.)**

Check if NO medical conditions related to transportation.  
 Doctor \_\_\_\_\_ Phone \_\_\_\_\_  
 Hospital Preference \_\_\_\_\_  
 Medical Information \_\_\_\_\_  
 Are there any *life threatening* issues?  Yes  No  
 If Yes, explain \_\_\_\_\_  
 Other: \_\_\_\_\_

**G. Approvals**

Completed by \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Title \_\_\_\_\_ Phone \_\_\_\_\_  
 Approved by \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Print Name \_\_\_\_\_  
 Title \_\_\_\_\_

- 3. **CHILD RESTRAINT**—
  - a. Is the student a flight risk, or does his/her behavior require confining the child to a seat?  Yes  No
  - b. Does the student have a medical condition that prevents maintaining a normal seated position?  Yes  No
 If either a or b is checked yes, height and weight **MUST BE COMPLETED**.  
 Height (inches) \_\_\_\_\_ Weight (lbs.) \_\_\_\_\_
- 4. **STUDENT ABILITY**—Check Yes or No.
  - a. Is student's participation in school playground activities, physical education, and/OR sports restricted?  Yes  No
  - b. Is student's participation in neighborhood outdoor activities restricted for medical or behavioral reasons?  Yes  No

**DOT USE ONLY**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ Date Received  
 \_\_\_\_/\_\_\_\_\_/\_\_\_\_ Date Completed  
 \_\_\_\_\_ Router Initials  
 \_\_\_\_/\_\_\_\_\_/\_\_\_\_ Date Transportation Effective  
 \_\_\_\_\_ Inbound Route  
 \_\_\_\_\_ AM Stop Time  
 \_\_\_\_\_ Outbound Route  
 \_\_\_\_\_ PM Stop Time  
 Processed by \_\_\_\_\_ Pickup location \_\_\_\_\_ Drop off Location \_\_\_\_\_

## Foster Student Transportation Action Request Form (FSTAR) COMPLETION INSTRUCTIONS

**PURPOSE:** This Foster Student Transportation Action Request (FSTAR, MCPS Form 336-42A, 6/11) is used to establish, change, or delete (stop) transportation for all eligible students only, subject to established regulations governing foster students. DO NOT use this form for any other students – use STAR, MCPS Form 336-42 for all other students.

**WHO USES THIS FORM:** MCPS school administrators, IEP teams, and/or staff of MCPS offices must complete all information in full, including **Section H—Student Abilities Assessment** on the front of this form, for all new placements. Subsequent changes or deletions for the same student need only the pertinent information completed. Sections F and H can be left blank when a change is only for pick up/drop off locations. Legible approval signatures are required before processing.

**SUBMITTING THE FORM:** The completed FSTAR form should be submitted directly to Sheila Dennis, Child Welfare Services Office at 1301 Piccard Dr., 4th Floor, Rockville, MD 20850, and Child Welfare Services will then process for transportation services.

**PROCESSING:** Transportation services are arranged as soon as possible unless otherwise noted. All information is confidential. Verbal requests cannot be honored. This form **must** be faxed immediately to the Department of Transportation.

### SECTION-BY-SECTION COMPLETION INSTRUCTIONS:

**Top, right-hand box: In large, bold print, indicate only the student’s last name.**

- A. STUDENT INFORMATION**—Complete all information including student ID number, address, and contact information. Indicate the pick up and drop off locations in the areas marked “PICK UP location” and “DROP OFF location” in this section. If this section is left blank, we assume residence is PICK UP and DROP OFF and we route accordingly.
- B. SCHOOL OF ORIGIN**—Indicate the school the child last attended before being placed in foster care or the school the child was last enrolled in.
- C. NEW SCHOOL ASSIGNMENT**—Indicate the pick up and drop off locations in the areas marked “PICK UP location” and “DROP OFF location” in this section. (If this section left blank, we assume residence is pick up and drop off and we route accordingly.) Placements should be made at school of origin or the school nearest the student’s temporary residence that meets the student’s educational needs. Student transportation is subject to foster regulations as well as walk areas established by the BOE. CAUTION! Distant placements will result in lengthy ride times to and from school!
- D. SPECIAL EDUCATION OR SCHOOL PROGRAM**—Codes should be printed with the program name this child participates in. Many program code and name explanations are listed below. If not shown check “other,” and print program code and name.
- E. TRANSPORTATION ACTION**—Check to indicate whether this is a NEW/START or CHANGE request. Check to indicate other information as shown, and any delay in starting date. Parents are notified by telephone.
- F. MEDICAL INFORMATION**—This is necessary confidential safety and emergency information. Complete section in full unless there is “no medical condition related to transportation.”  
*IMPORTANT: No wheelchairs/scooters with liquid-acid batteries are permitted unless it is DOT approved! Children in strollers are transferred to bus seats.*
- G. APPROVALS**—Incomplete or unapproved forms will be returned to the requestor for completion.
- H. STUDENT ABILITIES ASSESSMENT**—Transportation services will be commensurate with student abilities indicated in this section. Complete all sections H1 through H4 as applicable.

### SPECIAL EDUCATION OR SCHOOL PROGRAM CODES

504	Medical (Not Temporary)	LAD	Learning/Academic Disabilities
AAC	Augmentative Alternative Education	LANG	Language Disabilities
ALT	Alternative Education	LC	Secondary Learning Center
AUT	Autism	LFI	Learning for Independence
BRG	Bridge	MAG	Magnet School Programs (Central Stops)
CI	Chinese Immersion	METS	Multidisciplinary Education Training Support
DHOH	Deaf and Hard of Hearing	PD	Physical Disabilities
ED	Emotional Disabilities	PEP	Preschool Education Program
ELC	Elementary Learning Center	PREK	Pre-Kindergarten
ESOL	English for Speakers of Other Lang.	PVT	Private
FI	French Immersion	SCBP	School Community Based
GT	Highly Gifted (Central Stops)	SI	Spanish Immersion
GTLD	Gifted and Talented Learning Disabled	SPTH	Speech Therapy
HSTRT	Head Start	VIS	Vision Programs
IB	International Baccalaureate		