

Education Stability Form

Last:	First:
Student ID#:	DOB:
Current School:	Learning Network:
Name of Foster Care Parent/Guardian:	
Address:	Phone#:
Name of Counselor:	
E-Mail:	Phone #:

Is the Foster Care Parent/Guardian & School Requesting the Child Remain at Current School?	Y ___ N ___
Does the Child Live 1.5 miles from the School?	Y ___ N ___
Can Transportation provide a Route?	Y ___ N ___

If Transportation cannot provide a route, Transportation must contact the School Counselor

Signature of Principal

Date of Request

Counselor will Submit
Send form to Transportation
Submit in a TAR
(215) 400-4352 Fax
routing@philasd.org
Send Copy to Prevention and Intervention
(215) 400-4223