Families in Transition Student Assistance Program

CHAR-EM, COP, COOR Schools Districts

**GAS/GIFT Card Receipt Form for McKinney-Vento**

Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ UIC\_\_\_\_\_\_\_\_\_\_

Grade \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_School/District\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The purpose of this gas/gift card is:

\_\_\_\_\_\_ Temporary transportation to/from school or across district boundaries

\_\_\_\_\_\_ Transportation to/from Dr. appointment related to school attendance

\_\_\_\_\_\_ Transportation to/from immunization appointment

\_\_\_\_\_\_ Transportation for other reasons related to school attendance

\_\_\_\_\_\_ Provide groceries/personal care items ONLY

\_\_\_\_\_\_ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_ Gas Card Presented to above named student for $\_\_\_\_\_\_\_\_\_\_\_\_

Comments:

\_\_\_\_\_\_\_ Gift Card Presented to above named student for $\_\_\_\_\_\_\_\_\_\_\_

Comments:

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

To the Student/Parent/Guardian

I understand that this gas/gift care is provided by the Federal Government through COP ESD, and this card may be used ONLY FOR THE PURPOSE(S) INDICATED ABOVE. NO TOBACCO OR ALCOHOL ALLOWED!

Student Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_

Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_