

HEAD START TRANSPORTATION

Fax # (208) 232-4906

- Initial Request
- Change
- Terminate

Transportation Department Use Only To School Route # _____ School Route # _____
--

Today's Date: _____ Desired Start Date: _____
 (Minimum of 3 working days required)

STUDENT INFORMATION

Student's Name: _____ Teacher: _____
 Current Address: _____
 Parent/Guardian Name: _____ Home Phone: _____ Work Phone: _____

PICK-UP AND DROP-OFF POINTS

TYHEE CLASS TIME: _____ **LINCOLN CLASS TIME:** _____

Is bussing needed prior to change date? Yes ____ No ____

Pick-up Address: _____ Phone # _____
 Drop-off Address: _____ Phone # _____
 Adult Loading Child: _____ Phone # _____
 Adult Unloading Child: _____ Phone # _____

EMERGENCY INFORMATION

List person(s) other than parents or legal guardian authorized to act in your behalf in case of an emergency and/or to remove student from bus or classroom:

Name: _____ Relation: _____ Phone # _____
 Name: _____ Relation: _____ Phone # _____
 Name: _____ Relation: _____ Phone # _____
 Name: _____ Relation: _____ Phone # _____

Additional Comments (please include any health or special needs considerations:)

I give my permission for School District #25 Transportation Department to receive the above information in order to maintain and provide safe, efficient transportation for my child. I understand that I must attend a Head Start transportation safety orientation before bussing begins for my child.

Signature: _____ **Date:** _____