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# 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)*

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### STUDENT INFORMATION

Student's Name: \_\_\_\_\_ Teacher: \_\_\_\_\_

Current Address: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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### PICK-UP AND DROP-OFF POINTS

(D.O. only)

**TYHEE CLASS TIME:** \_\_\_\_\_ **LINCOLN CLASS TIME:** \_\_\_\_\_

*Pick-up and drop-off same as home address? Yes \_\_\_ No \_\_\_ Is bussing needed prior to change date? Yes \_\_\_ No \_\_\_*

Pick-up Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Pick-up Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Drop-off Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Drop-off Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

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### 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:*

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone # \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone # \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone # \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone # \_\_\_\_\_

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

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*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.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_