Head Start Student Transportation Request Form

NOTE: TRANSPORTATION SERVICES WILL BE PROVIDED WITHIN 72 HOURS AFTER RECEIPT OF THIS TRANSPORTATION FORM BASED ON AVAILABILITY.

DATE: _____ **School Student Attends:** Ypsilanti Head Start

STUDENT INFORMATION: ____ NEW STUDENT ____ CHANGE IN INFORMATION

_____	_____	_____	_____
LAST NAME	**FIRST NAME**	**MI**	**AGE**

_____ _____

Home Address **Home Phone #**

_____ _____ _____

Parent/Guardian's Name **Work Phone #** **Cell # or Other Contact #**

_____ _____ _____

Emergency Contact Number **Emergency Phone #** **Other Contact #**

OTHER PERSON(S) AUTHORIZED TO RELEASE STUDENT(S) TO:

Name of Authorized Person	**Phone Number**
1) _____	_____
2) _____	_____
3) _____	_____
4) _____	_____
5) _____	_____

Pick Up Address: _____

Drop Off Address: _____

Special Needs Information: i.e. asthmatic, medical conditions or pertinent information driver should be aware of when transporting student or specify change in information:

_____

_____

_____

For Office Use Only:

Transportation is available to this address for the following session:

AM or PM (circle one)