



TRANSPORTATION INFORMATION FORM

This form must be completed in order to place your child on a wait list for possible services, which needs to happen before they can be accepted. The completion of this form alone does not guarantee placement. Please return this completed form along with the application packet. If you do not want bus transportation please mark I prefer to self-transport my child. There may be times due to budget restraints, and/or staff shortages that your assigned driver may be off and you may have to self-transport your child to and from the site.

Some locations may not fit on existing bus routes and will need to be self-transport.

Child's Full Name: _____ Birthdate: _____

Home Address: _____
(complete address) (city) (zip)

Parent/Guardian Name(s): _____

Phone #: _____ Phone #: _____ Message#: _____

It is very important that you contact us if any of this information changes.

ALL SECTIONS OF THIS FORM MUST BE COMPLETED.

Pick-up: Home address listed above I can self-transport my child if needed OR I prefer to self-transport my child

Other address: _____
(complete address) (city) (state/zip)

Drop-off: Home address listed above I can self-transport my child if needed I prefer to self-transport my child

Other address: _____
(complete address) (city) (state/zip)

Will your child be attending any other 4K or Early Childhood program that may affect their placement in Head Start? Yes No

If yes, please list location and days/times: _____

Comments: _____

**IF ANY OF THIS INFORMATION CHANGES PLEASE CONTACT THE MAIN OFFICE AS SOON AS POSSIBLE.
SINCE CLASSROOM PLACEMENTS ARE BASED ON PICK UP AND DROP OFF LOCATIONS,
ANY CHANGES MAY REQUIRE AN ADJUSTMENT IN YOUR CHILD'S CLASSROOM PLACEMENT.**

Parent/Guardian Signature: _____ **Date:** _____

If you have questions please call Kendra at 608-299-1500 ext. 47 or 1-800-774-7778 ext. 47.

Staff use only: _____ / _____ / _____ / _____ / _____ / _____
(completed by) (date) (type of contact) (with whom) (TMS) (date) (potential routes)