 **ROCK-WALWORTH HEAD START TRANSPORTATION INFORMATION**

**PROGRAM YEAR 24 - 25**

This form **MUST** be completed to place your child on a wait list for possible services . 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 indicate that you prefer to self-transport.

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 you will need to self-transport**.**

Child’s Full Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_

Home Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (complete address) (city) (zip) (county)

Parent/Guardian Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell/Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell/Home

**\*It is important that you contact us if any information changes. Classroom placements are typically based on the transportation information provided. Changes may require an adjustment to the placement.\***

**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

**Other address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (complete address) (city) (zip) (county)

**Drop off:** [ ]  Home address listed above [ ]  I can self-transport my child, if needed OR [ ]  I prefer to self-transport

**Other address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (complete address) (city) (zip) (county)

Will your child be attending any other program that may affect their placement in Head Start? [ ]  Yes [ ]  No

If yes, please list location and days/times: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_**

**If you have questions, please call Eileen at 608-299-1500 ext. 19 or 1-800-774-7778 ext. 19**

Staff Use: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (completed by: initials) (date) (type of contact) (with whom)

 Transportation Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/Route #’s:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Transportation Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

  **Revised: 3/24 JK**