Lower Columbia College Head Start/EHS/ECEAP
Transportation Request Form

Date Requested: _____ Date Submitted to Transportation: _____

Child's Name: _____ LOC ID: _____

Parent's Name: _____ Phone Number: _____

Priority Points: _____

Class days: ☐ M ☐ T ☐ W ☐ TH ☐ F Class times: ☐ AM ☐ PM

Teacher: _____

Requested Start Date: _____

Requested Pick-Up Location: _____

Requested Drop-Off Location: _____

Check All That Apply:

- ☐ Parent does not have any means of transportation
- ☐ Family is McKinney-Vento Status
- ☐ Child needs transportation both ways
- ☐ Child needs transportation one way (check one: ☐ P/U or ☐ D/O)
- ☐ Child or family member has medical issues (if temporary until what approximate date would the child need transportation? _____)
- ☐ Might have a vehicle, but has no money for gas (if temporary until what approximate date would the child need transportation? _____)

Family Advocate or Teacher to complete top portion of this form and submit to Area Manager.
Area Manager submits to Transportation Manager.

Date Request Received: _____

IEP: Yes No If yes, is transportation listed in IEP as a related service: Yes No

Out of Service Area: Yes No

Waitlist: _____ Reason: _____

Pick-Up Location: _____ Drop-Off Location: _____

Start Date: _____ Pick-Up Time: _____ Drop-Off Time: _____