

**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: _____

Circle all that apply: 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 (circle 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? _____)
- IEP
- CAST
- Other Information: _____

*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: _____

Out of Service Area: Yes No

Waitlist: _____ Reason: _____

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

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