

Head Start Transportation Survey

Child Name _____

Center _____ Date: _____

Our program will attempt to transport as many students as we can **within the limits of our budget, time and resources**. We are not always able to provide transportation at every site or to every child. At some sites, we contract with school districts or other providers. We will make every attempt to meet family needs as we plan our transportation services.

Please complete and return the following to let us know of your transportation needs:

Transportation is NOT needed for my child. I have other arrangements to get my child to and from school. (Please note that if you do not request transportation, we will not put your child on a bus route).

I would use transportation, if available, for my child.

Requested morning pick up address: (please check and write in the address):

Home _____

Other: _____

Requested afternoon drop off address: (please check and write in the address):

Home _____

Other: _____

We prefer our child to ride the bus, but I can make other arrangements if bussing is not available.

I would have difficulty getting my child to and/or from school without transportation because:

I work in the morning and my child is a child care provider.
or afternoon and my child is at a child care provider.

Our family/household does not have a vehicle

Our family has only one vehicle and it is not available (for example: one parent takes it to work)

Other: _____

Transportation decisions will be made in May/June and if your child is accepted to our program, we will notify you if our budget will allow us to provide transportation services and if your child is approved for transportation services. Please call Head Start at 1-866-836-3124 or 494-1891 if you have any questions or have any changes to your transportation information. If your pick up and/or drop addresses change, we will not guarantee transportation services.

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