



Transportation Hardship Request

Name of Student: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

School Attending: \_\_\_\_\_

What is the Hardship? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please Print Name of Parent/Guardian: \_\_\_\_\_

*Transportation hardship requests are not guaranteed. The Transportation Department will contact the parent/guardian after the request is approved or denied.*

Please complete and return this form to your student's school office, or mail to Transportation  
642 W. 14<sup>th</sup> St. Eureka, CA 95501.

**Secretaries please fax to 707-441-0290.**

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*For Transportation Use Only*

- Approved**
- Denied**
- Entered Into PowerSchool**
- Contact Made** (school, parent, driver)

Type of Transportation (circle one):

**Regular Hardship M/V Overflow**

|                          |
|--------------------------|
| <b>AM Stop:</b> _____    |
| <b>Time:</b> _____       |
| <b>Bus Number:</b> _____ |
| <b>Route:</b> _____      |
| <b>PM Stop:</b> _____    |
| <b>Time:</b> _____       |
| <b>Bus Number:</b> _____ |
| <b>Route:</b> _____      |