



Transportation Hardship Request

2023/2024 School Year

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. 14th St. Eureka, CA 95501.

Secretaries please fax to 707-441-0290.

For Transportation Use Only

☐ **Approved**

☐ **Denied**

☐ **Entered Into PowerSchool**

☐ **Contact Made** (school, parent, driver)

Type of Transportation (circle one):

AM Stop: _____

Time: _____

Bus Number: _____

Route: _____

PM Stop: _____

Time: _____

Bus Number: _____

Route: _____

Regular Hardship M/V Overflow