



ʔaluspuʔús
Hearts Gathered

skʷant sənmaʔmáyaʔtən
Waterfall School

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www.heartsgathered.org

Phone: 509-422-5653, Fax: 509-422-5656
info@heartsgathered.org

Transportation Request Form*

Van run times and routes to be determined

Child's Name _____

Residential Address _____

Van Stop (**choose one**):
☐ East Side
☐ Homestead Trailer Park
☐ Other site (only for suggestion purposes): _____

____ (initial) I acknowledge that, if my child is granted a place on the van, I will pay the van fee of \$32 each month, due within the first two weeks of each month. If I do not pay the van fee for a period of two months, I will lose my child's place on the van.

People who are authorized to receive my child from van (use space on back if needed):

Name _____

Name _____

Name _____

____ (initial) I will notify the school in advance if I authorize another individual to pick up my child. I will abide by the school's van policy, as it may be amended.

Parent Name (printed) _____

Parent Signature _____ Date: _____

Best way to contact you to inform you whether your child will receive a place on the van:

*Submission of this form does NOT guarantee your child's place on the van. The van is limited to 13 students. Priority will be given to senior students. We are currently seeking alternative transportation options, as well.