



*Elkhart and St. Joseph Counties Head Start Consortium*  
**Transportation - Communication Log**

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Site: \_\_\_\_\_ Bus#: \_\_\_\_\_ Date: \_\_\_\_\_

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Student Name:	Date:
Parent/Guardian:	Form of contact: PHONE / TEXT
Person Contacting:	Time of Contact:
Reason for contact:	
Result:	

Student Name:	Date:
Parent/Guardian:	Form of contact: PHONE / TEXT
Person Contacting:	Time of Contact:
Reason for contact:	
Result:	

Student Name:	Date:
Parent/Guardian:	Form of contact: PHONE / TEXT
Person Contacting:	Time of Contact:
Reason for contact:	
Result:	

Signature: \_\_\_\_\_

Date: \_\_\_\_\_