



**City of Chicago Department of Family & Support Services
Head Start
Evacuation & Charter Service Request Form**

Today's Date: _____ Date of Requested Service: _____

Agency Name: _____

Site Requesting Service (Name): _____

Site Address: _____ Contact Person: _____

Phone Number: _____ Email address or fax number for confirmation _____

**** Evacuation Service Only **** ---- Please Initial: _____ Which drill? 1st _____ 2nd _____ 3rd _____

Charter Service Details

Trip Location

Departure Time: _____ Name: _____

Return Time: _____ Address: _____

of Students: _____ # of Chaperones: _____ # of Buses Requested: _____

Evacuation Drill **Before/After** Trip (circle one) ** If this is the first field trip, must occur before departure.

Site Director Name (**Printed**)

Site Director Signature Date

City of Chicago DFSS Authorized Signature Date

DFSS Coupon Codes:

Field Trip Code: _____
Evacuation Code: _____

**Form must be completed by Site to request Charter Service and submitted to DFSS
for Authorization
Form submitted to Transportation Company by DFSS for service to be scheduled**

