

**Regional School District 10**  
**ELEMENTARY STUDENT TRANSPORTATION FORM**

If your child will be coming in from or going to somewhere other than their home, please complete this form. This form must be completed in the event of any changes.

Please indicate where the bus will **pick up** and **drop off** your child daily, including the **address**.

If the child will be transported by a parent or another individual instead of taking the bus, please indicate this by writing the following in the appropriate space provided below: **TRANSPORTED BY** followed with **that person's name**.  
(Example - Drop off Location: Transported by: Kathy Smith, mother)

**Child's Name:**

**Child's Grade:**

**Child's Home Address:**

	<b><u>A.M. Pick-Up Location/Transported By</u></b>	<b><u>P.M. Drop-Off Location/Transported By</u></b>
<b>Monday</b>		
<b>Tuesday</b>		
<b>Wednesday</b>		
<b>Thursday</b>		
<b>Friday</b>		

Parent/Guardian Signature:

**Effective Date:**

*(note – Transportation changes may take up to 2-weeks. The office staff will notify parents of the date the change will be made.)*

**Please return this form to the HCS office:**

Fax: 860-485-9237