KANELAND COMMUNITY UNIT SCHOOL DISTRICT #302
TRANSPORTATION DEPARTMENT
47w326 Keslinger Road
Maple Park, Illinois 60151
Phone: (630)-365-5111 Ext. 5
Email: 14500@kaneland.org/11015@kaneland.org

Dear Parents/Guardians,

If your child(ren) needs to be picked up or dropped off at a house/daycare address other than your home for the school year, please complete the form below with the necessary information.

IMPORTANT: All information from previous years is eliminated at the end of the school year. The transportation department requires all alternate transportation forms to be filled out EACH SCHOOL YEAR for each student.

Please include house number and street address, name of person/people who will be at the bus stop, phone numbers in case there is a problem, and days in which they will be at the alternate address.

The form can be turned into the main office of your school, or emailed to the addresses above.

Thank you for your cooperation,

Kaneland Transportation Department

Student Name: _____ Grade: _____

School Attending: _____ 20_____ / 20_____ school year

Name of person or daycare facility for **AM** Location: _____

Address of **AM** alternate site: _____

Phone number of alternate site: _____

Number of days student will be riding from **AM** site **(please circle): M T W TH F or ALL**

Will they take the bus, or be given a ride? (Please circle) **BUS / No Transportation**

Name of person or daycare facility for **PM** Location: _____

Address of **PM** alternate site: _____

Phone number of alternate site: _____

Number of days student will be riding from **PM** site (please circle): **M T W TH F or ALL**

Will they take the bus, or be given a ride? (Please circle) **BUS / No Transportation**

Effective Date: _____ Parent Signature: _____