

TRANSPORTATION INFORMATION

Date _____

____ STUDENT'S GRADE ____ NEW TO DISTRICT ____ CHANGE OF ADDRESS ____ NO BUS

Student: _____

Parent: _____ Telephone: _____

Parent: _____ Telephone: _____

TO SCHOOL:

How my child will get to school: Ride Bus _____ Parent: _____

Address for Pick Up: _____

Address for Pick Up: _____

FROM SCHOOL:

How my child will get home from school: Ride Bus _____ Parent _____

Address for Drop Off: _____

Address for Drop Off: _____

If your child will be picked up by someone other than the parent, please list their names:

Name: _____ Name: _____

MEDICAL CONCERNS: _____

If you have more than 1 address the kids will be going to, please make sure to write both down so we can notify both bus drivers. **K-1 must have an adult present for drop off.**

*Secretary's please send/email this form to the transportation office when completed. If, "do you need transportation" is marked no, then the transportation office does not need this form.

The information is important for the safety of your child/children. If there are any changes at all, please send a note with your student & call the bus garage 217-864-5233 so everyone knows where the child will be going. No student may ride a different bus without a note/phone call.

TRANSPORTATION USE: AM BUS _____ PM BUS _____

AM BUS _____ PM BUS _____