

TRANSPORTATION FORM 2016

Parents:

Please try to make sure that the location(s) for picking up and dropping off for your child is consistent throughout the week.

Complete one form per child.

Student Name _____ **Grade Level** _____
(2016-2017)

Home address	City, State, Zip	Phone Number

Please choose from ONE of the following areas that best describes your student's transportation needs:

- 1. My child will **NOT** use school transportation. (If you checked here, please choose one of the following:)
 - a. a. My child will walk or will be driven to school.
 - b. My child is a licensed driver who will be parking at school.
- 2. My child **WILL NEED** to be included on a school transportation route.

<u>A.M. Address</u>	<u>A.M. City</u>
<u>P.M. Address</u>	<u>P.M. City</u>

- 3. My child will take a town-town shuttle meeting at the school instead of boarding a bus route. (If you check here, please choose one of the following:)
 - Morning
 - Afternoon
 - Both

***Pick up and Drop off locations will be assigned in close proximity to the address you provide. Bus stops will be assigned with respect to student ages, special needs and the number of students in an area. Door-to-door service is not always guaranteed.
 ***Student transportation is partially reimbursed by the State of Illinois. Whether a student qualifies to ride school transportation is determined by the Illinois Department of Transportation and the Illinois School Code.
 ***Requesting to ride school transportation may not guarantee your child qualifies. If you request to use school transportation, you will be given detailed information once the routes are established.

Parent//Guardian Name	
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