

TRANSPORTATION FORM 2012-13

DEAR 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.

Return this form to your child's school by Friday, May 4, 2012.

Student Name _____ Grade Level Next Year _____

Home Address _____ City _____

Phone # _____

_____ My child will **NOT** use school transportation.

If you checked this box, please circle one below:

A. My child will walk or will be driven to school.

B. My child is a licensed driver who will be parking at school.

_____ My child **WILL NEED** to be included on a school transportation route.

Morning

Pick up Street Address: _____ City: _____

After School

Drop off Address: _____ City: _____

_____ My child will take a town-town **shuttle** meeting at the school instead of boarding a bus route.

Please circle:

AM

PM

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 SIGNATURE

Please return ASAP.

Darren J. Root

