



Transportation questions please call 815-284-8600
STUDENT TRANSPORTATION FORM 2017 – 2018

(Students can only have a maximum of 2 addresses for bussing – A.M. and P.M. Address.)

Student Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

School \_\_\_\_\_ Grade: \_\_\_\_\_

(MORNING PICK UP WILL BE BASED ON THIS ADDRESS)

HOME ADDRESS: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency/Alternate Contact Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

How will the student typically get TO school?

Bus # \_\_\_\_\_ Walk Private Vehicle Other: \_\_\_\_\_

How will the student typically get home FROM school?

Bus # \_\_\_\_\_ Walk Private Vehicle Sitter (Please provide information below)

Sitter Name: \_\_\_\_\_

Sitter Address: \_\_\_\_\_

Sitter Phone: \_\_\_\_\_

A 24 TO 48 HOUR NOTICE MUST BE GIVEN TO THE BUS COMPANY WHEN CHANGING ROUTE INFORMATION.

\*\* FOR ILLINOIS CENTRAL BUS CO. -- OFFICE USE ONLY -- ROUTING INFORMATION \*\*

Table with 7 columns: ICSB, Route AM, Time AM, (blank), (blank), Route PM, Time PM. Rows include Route Number, Route Shuttle, and Comments.