

STUDENT TRANSPORTATION FORM -2018-19

(STUDENTS CAN ONLY HAVE A MAXIMUM OF 2 ADDRESSES FOR BUSSING - A.M. AND P.M. ADDRESS.)

Student name: _____ School _____ Grade _____

(MORNING PICK UP WILL BE BASED ON THIS ADDRESS:)

AM Pick up Address: _____

Please check mark the box if this is the sitter address. OR This is the home address.

(AFTERNOON DROP OFF WILL BE BASED ON THIS ADDRESS:)

PM Drop Off Address: _____

Please check mark the box if this is the sitter address. OR This is the home address.

Student's home address if different than above: _____

Parent/Guardian 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 complete info. below:

Sitter Name: _____ Sitter phone: _____

A 24 to 48 hour notice must be given to the Bus Company when changing route information.

Call 815-284-8600 for questions.

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

AM		PM	
Route	Time	Route	Time

Route #: _____

Route Shuttle: _____

Comments: