



New Student _____ Change _____ Start Date: _____
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Please call your Student's School with any Transportation questions.

**STUDENT TRANSPORTATION FORM 2019-2020**

**(Students can only have a maximum of 2 addresses for busing and they must be on a regular schedule)**

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

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

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

**Primary AM PICK UP Address:** \_\_\_\_\_

Scheduled Pick Up Days: Mon Tues Weds Thurs Fri \_\_\_\_\_

**Secondary AM PICK UP Address:** \_\_\_\_\_

Scheduled Pick Up Days: Mon Tues Weds Thurs Fri \_\_\_\_\_

**Primary PM DROP OFF Address:** \_\_\_\_\_

Scheduled Drop Off Days: Mon Tues Weds Thurs Fri \_\_\_\_\_

**Secondary PM DROP OFF Address:** \_\_\_\_\_

Scheduled Drop Off Days: Mon Tues Weds Thurs Fri \_\_\_\_\_

**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 Phone:** \_\_\_\_\_

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

ICSB	Route AM	Time AM	Group Stop	Route PM	Time PM	Group Stop
Route Number:						
Route Shuttle:						
Comments						