



1355 N. Fifth St.
Charleston, IL 61920

PH: 217-345-2443 FAX: 217-345-2362

APPLICATION FOR SCHOOL BUS TRANSPORTATION 2011-2012 SCHOOL YEAR

DATE FILLING OUT REQUEST ___/___/___ SCHOOL _____ GRADE _____

SPEC ED. _____ PRESCHOOL _____ A.M. OR P.M. / Boy or Girl

H-Strap Yes / No or As Needed

STUDENTS NAME _____ BIRTH DATE: _____

HOME ADDRESS _____

HOME PHONE # _____ CELL PHONE # _____

PARENTS OR GUARDIAN'S NAME: _____

EMERGENCY NAME & PHONE # _____

PARENTS WORK & WORK # _____

PICK-UP @ HOME / DAY CARE OR OTHER (Please Circle One)

AUTHORIZED NAME FOR PICK-UP _____

PICK-UP ADDRESS _____ PICK-UP PHONE # _____

DROP OFF @ HOME / DAY CARE / OR OTHER (Please Circle One)

AUTHORIZED NAME FOR DROP-OFF _____

DROP-OFF ADDRESS _____ DROP-OFF PHONE # _____

I authorize school bus transportation to be provided for _____

At the pick up/drop off point listed above, or at the bus stop closest to that point.

I understand it must be the same bus everyday and that it is my responsibility as the parent/guardian to notify the Director of Transportation anytime that transportation is not to be provided.

AS PER FIRST STUDENT POLICY KINDERGARTEN AND FIRST GRADE, AND SPECIAL NEED STUDENTS MAY NOT BE LET OFF THE BUS WITHOUT A PARENT OR GAURDIAN PRESENT, UNLESS WE HAVE A SIGNED PERMISSION ON FILE AT TRANSPORTATION.

THE PURPOSE OF THIS FORM IS FOR YOU TO COMMUNICATE INSTRUCTIONS AS TO WHAT YOU WOULD LIKE DONE WHEN YOU CHILD IS DELIVERD TO THEIR STOP.

____ MY CHILD WILL ALWAYS BE MET AT THE STOP (THE DRIVER WILL NOT LET YOUR CHILD OFF THE BUS IF YOU ARE NOT THERE).

____ MY CHILD WILL NOT BE MET AT THE BUS STOP (THE DRIVER MAY LET YOUR CHILD OFF OF THE BUS; YOUR PRESENCE IS NOT REQUIRED).

IN CASE THE PARENT/GUARDIAN IS NOT AVAILABLE:

I UNDERSTAND THAT THE BUS DRIVER IS NOT ABLE TO WAIT AT THE BUS STOP, AND THAT IF MY CHILD IS NOT MET HE/SHE WILL REMAIN ON THE BUS AND BE TAKEN BACK TO THEIR HOME SCHOOL.

IT WILL BE MY RESPONSIBALITY TO PICK UP MY CHILD AT THEIR HOME SCHOOL.

IF YOU HAVE ANY QUESTIONS PLEASE CALL TRANSPORTATION AT 217-345-2443.

PARENT OR GUARDIAN'S SIGNATURE _____ DATE: _____

SPECIAL CONCERNS / COMMENTS FROM PARENTS / GUARDIANS PLEASE WRITE ON BACK:

.....BELOW FOR BUS GARAGE INFORMATION.....

SCHOOL START DATE: _____ SCHOOL DROP DATE: _____

REASON DROPPED _____ HAZ. STOP: _____

BUS # _____ BUS PICK UP POINT _____ TIME _____

BUS # _____ BUS DROP OFF POINT _____ TIME _____

PARENTS CALLED _____ SCHOOL CALLED _____ DRIVERS NOTES _____

ROUTED _____ END OF YEAR REPORT _____