

## SOMONAUK SCHOOL DISTRICT - TRANSPORTATION REQUEST

Those parents residing on an existing bus route and requiring daycare for their child may request to have their child transported *from and to* one alternate location. To assist in planning transportation, please complete the following information. A new form <u>must</u> be completed when a change is requested. If a form is not submitted we will assume that your child is to be picked up and dropped off based upon your <u>home address</u>.

Note: If your child is to be picked up and dropped off at the home address there is no need to complete this form.

| School Year (this request is                                | valid for this school year only)                              |
|---|---|
|   |   |
| Child's Information   |   |
| Name of Child:  | Grade:  |
| Home Address:   |   |
| Home Phone #:   | Current Bus Route   |
|   |   |
| Day Care Provider's Information                             |   |
| Provider's Name:  | Requested Bus Route   |
| Provider's Address:   | -   |
| Provider's Phone #:   |   |
| 1 Tovider 81 Hotte #,                                       |   |
| Please note: Bus routes will not be modified to accommodate | for a daycare provider. The provider must live on an already  |
|   | for a daycare provider. The provider must have on an aneady   |
| established route to be eligible for transportation.        |   |
| Effective date of this request:                             | (request must be submitted no less than 48 hours prior to the |
|   | (request must be submitted no less than 46 hours prior to the |
| effective date)   |   |
|   |   |
| Parent / Guardian Signature                                 | Date  |
| Table Call Signature  |   |
| A   |   |
| approved denied (reason for denial:                         |   |
|   |   |
|   |   |
|   | Transportation Director                                       |
| and Gradien.  |   |
| notification:  Date & Time  Initials                        |   |