



Date of Form	_____
New Student	_____ Change _____
Start Date	_____

STUDENT TRANSPORTATION FORM 2020-2021

Please call your Student's School with any Transportation questions

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

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

Student Last Name: _____ First Name: _____

Home Address: _____

School: _____ Grade: _____

AM PICK UP ADDRESS: _____

PM DROP OFF ADDRESS: _____

Parent/Guardian Name: _____

Phone Number: _____ Work Phone: _____

Emergency/Alternate Contact Name: _____ Relationship: _____

Phone Number: _____ Work Phone: _____

How will the student typically get TO school?

Did your child ride an E-bus last year? Yes No

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: _____

**** 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						