

PONTIAC GRADE SCHOOL DISTRICT #429 - BUS TRANSPORTATION 2009-10

*******PLEASE FILL FORM OUT COMPLETELY*******

DATE: _____

School: _____

Child's Name: _____

Grade: _____

ECE or PreK? _____ AM or PM
(circle one)

Parent(s) Name(s): _____

Child's Home Address: _____

Child's Home Phone: _____

Alternate Phone Number: _____

Date of Birth: _____

Does this child have special needs to ride a bus? If so, please list _____

Does this child require a wheelchair? _____ A harness? _____

Illinois Central School Bus (1-815-842-1500) provides transportation to eligible students to and from school. Bus routes are based on your home address. Notification will be sent to parents in early August with details about times and bus stops.

Transportation to or from a child care provider at an address other than your home address will be considered. It is very important to have a consistent schedule in place for your child's transportation. We do not transport students on any other bus route (such as parties, scouts, overnights, etc.), unless prior arrangements have been approved. Students must take their assigned bus home from school or be a car rider that day.

PLEASE NOTE: Changes you make to your child's transportation will require at least 24 hours notice. Parents will be limited to a maximum of two different pick-up and/or drop-off locations for their child per school year. The student's transportation schedule will need to remain the same throughout the school year, unless prior approval is received from the Superintendent.

My child is new to District #429

Please indicate your child's transportation needs below:

My child **will not** use bus transportation for the 2009-10 school year.

My child will ride the bus **to school from my home** address (as listed above).

My child will ride the bus **from school to my home** address (as listed above).

My child will ride the bus from a child care provider in the **MORNING**.

Monday Tuesday Wednesday Thursday Friday
(please check the boxes for the days that your child will be picked up from the child care provider)

Child care provider's name: _____

Child care provider's address: _____

Child care provider's phone number: _____

My child will ride the bus to a child care provider in the **AFTERNOON**.

Monday Tuesday Wednesday Thursday Friday
(please check the boxes for the days that your child will be dropped off at the child care provider)

Child care provider's name: _____

Child care provider's address: _____

Child care provider's phone number: _____

| FOR OFFICE USE ONLY | |
|-------------------------------------|-----------------------|
| Student is eligible to ride? | AM BUS # _____ |
| Yes <input type="checkbox"/> | PM BUS # _____ |
| No <input type="checkbox"/> | |