

PONTIAC GRADE SCHOOL DISTRICT #429
BUS TRANSPORTATION - 2008-09
*******PLEASE FILL FORM OUT COMPLETELY*******

DATE: _____ School: _____
Child's Name: _____ Grade: _____
Parent(s) Name(s): _____
Child's Home Address: _____
Child's Home Phone: _____ Date of Birth: _____
Alternate Phone Number: _____

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

My child is new to District #429

Please indicate your child's transportation needs below:

My child **will not** use bus transportation for the 2008-09 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"/>	