

Community Unit School Dist. 10

Transportation Form

DEAR PARENTS:

Please try to make sure that the location(s) for picking up and dropping off for your child is consistent throughout the week.

Complete one form per child.

Student Name: _____ Grade Level: _____

Home Address: _____

City, State, Zip: _____

Phone #: _____

Please choose from ONE of the following areas that best describes your students transportation needs:

1. ☐ My child will **NOT** use school transportation. *(if you clicked here, please choose one of the following:)*

- ☐ My child will walk or will be driven to school.
- ☐ My child is a licensed driver who will be parking at school.

2. ☐ My child **WILL NEED** to be included on a school transportation route.

_____	_____
Morning Pickup Address	Pickup address City

After School Drop off Address	Drop off City

3. ☐ My child will take a town-town shuttle meeting at the school instead of boarding a bus route. *(if you checked here, please choose one of the following:)*

- ☐ Morning
- ☐ Afternoon
- ☐ Both

***Pick up and Drop off locations will be assigned in close proximity to the address you provide. Bus stops will be assigned with respect to student ages, special needs and the number of students in an area. Door-to-door service is not always guaranteed.

*** Student transportation is partially reimbursed by the State of Illinois. Whether a student qualifies to ride school transportation is determined by the Illinois Department of Transportation and the Illinois School Code.

*** Requesting to ride school transportation may not guarantee your child qualifies. If you request to use school transportation, you will be given detailed information once the routes are established.

_____	_____
Parent/Guardian Signature	Date
Darren J. Root	