



STUDENT TRANSPORTATION REQUEST

Illinois Central School Bus
14339 Willowbrook Road
South Beloit, IL 61080
(815)525-0200 – Fax (815)525-0201

DATE REQUESTED _____ EFFECTIVE DATE _____

SCHOOL DISTRICT _____ SCHOOL NAME _____

CHILD'S NAME _____ GRADE _____ STUDENT ID # _____

ADDRESS _____ PHONE # _____

PARENT/GUARDIAN _____
NAME ADDRESS PHONE

(Please check one)

NEW STUDENT _____ ADDRESS CHANGE _____ SITTER CHANGE _____

BUS TRANSPORTATION WILL BE LIMITED TO ONE PICK UP ADDRESS AND ONE DROP OFF ADDRESS.

Select One ⇨ **A.M. Bus** _____ **Walk/Bike:** _____ **Parent:** _____
(select the ONE form of transportation your child will use the majority of the time)

Bus Pick-up Location: _____
(If different from home address) **NAME ADDRESS PHONE**

Select One ⇨ **P.M. Bus** _____ **Walk/Bike:** _____ **Parent:** _____
(select the ONE form of transportation your child will use the majority of the time)

Bus Drop Off Location: _____
(If different from home address) **NAME ADDRESS PHONE**

Emergency Contact: _____
NAME ADDRESS PHONE