

**TRANSPORTATION REQUEST  
2011-2012 SCHOOL YEAR**

DATE: \_\_\_\_\_ SCHOOL: EC/OAKWOOD \_\_\_\_\_ OLD QUARRY \_\_\_\_\_ RIVER VALLEY \_\_\_\_\_ OAKWOOD \_\_\_\_\_

This transportation request must be completed for **each student** requesting bus service.

STUDENT'S NAME: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

HOME STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_ GRADE LEVEL FOR 2011-2012 \_\_\_\_\_

Will your child require bus service for the 2011-2012 school year? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes: please complete the sections below.

---

---

PARENT/GUARDIAN NAME: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ ALT PHONE: \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_

EMERGENCY CONTACT PHONE: \_\_\_\_\_

---

---

If the morning pickup location or afternoon drop off location is different from your home address

(i.e., day care center, sitter, grandparents, etc.) **complete both locations:**

Pick Up Location: \_\_\_\_\_

Drop Off Location: \_\_\_\_\_

TO ENSURE THAT OUR BUS ROUTES ARE AS ACCURATE AS POSSIBLE FOR THE START OF THE SCHOOL YEAR, PLEASE MAKE SURE THAT YOU RETURN THIS FORM TO YOUR ATTENDANCE CENTER BY THE DEADLINE THAT THEY HAVE GIVEN.

**BUS ASSIGNMENTS WILL BE MAILED IN EARLY AUGUST**

**\*\*WE WILL NOT ACCEPT ADDITIONS OR CHANGES BETWEEN:**

**AUGUST 17, 2011 AND SEPTEMBER 6TH, 2011\*\***

**ALL REQUESTS SHOULD BE MADE IN WRITING TO:**

SUMMER CONTACT INFORMATION: PMAZUREK@SD113A.ORG

This Section for Office Use Only:

New Student: \_\_\_\_\_ Address Change: \_\_\_\_\_ Kdg. AM \_\_\_\_\_ PM \_\_\_\_\_ EC/PreK: AM \_\_\_\_\_ PM \_\_\_\_\_

Student ID# \_\_\_\_\_