



TRANSPORTATION REQUEST FORM

Jacksonville School District 117 Bus Garage - 217-245-6624

This form is to be used when a parent/guardian would like to request transportation for a student residing within the district. Requests shall be granted if the student resides at a distance of one and one-half miles from his or her assigned school. Requests for transportation from a location other than his or her residence for child care purposes may be granted provided the location is along the District's regular routes.

Please return the completed form (1 per child) to the school building in which the student is assigned.

New Student Change of Address/Information Withdrawal Special Education Needs

School: _____ Effective Date: _____ Student #: _____

Student Name: _____ Date of Birth: _____ Sex: ___ Grade: _____

Home Address: _____ Phone: _____

If moving, new address: _____ Phone: _____

City/Zip: _____ Subdivision (if applicable): _____

Parent/Guardian Name (Please print): _____ Work Phone: _____ Cell Phone: _____

Emergency Contact: _____ Phone: _____

Is the change in bus stop for (check one): Pick-up? Drop-off? or Both?

Pick-Up Address used to determine closest established bus stop:
(If different from home address): _____

Drop-Off Address used to determine closest established bus stop:
(If different from home address): _____

Does student need special accommodations? Yes No

Type of Accommodation: Lift Bus Bus Assistant Safety Vest A/C Car Seat
 Other: _____

Pre-Kindergarten Students ONLY: Is the student a morning or afternoon pre-kindergarten student?

The parent/guardian's signature below indicating the parent's/guardian's initial request for school transportation, or knowledge and consent that a change of bus stop take place is mandatory before the request can be "permanently" put into effect.

Parent/Guardian Signature: _____

DISTRICT TRANSPORTATION OFFICE USE ONLY			
Bus Stop Location:			
Pickup Time: _____	Bus # _____	Date Processed: _____	Date Effective: _____
Drop-off Time: _____	Bus # _____		
Date of Fax: _____	<input type="checkbox"/> Approve	<input type="checkbox"/> Decline	Initials: _____
Reason for Decline: _____			