



HERSCHER CUSD#2
 TRANSPORTATION DEPARTMENT
 Michelle Armstrong, Director
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2019-2020
TRANSPORTATION REQUEST FORM

Phone: 815.421.5018 - Fax: 815.426.2872

TRANSPORTATION REQUEST FORM DEADLINES: June 1, 2019

Student's Name (Last, First, Middle) 19-20 Grade Level

Date of Birth (MM/DD/YYYY) Sex Home Phone

Address (House #, Street Name, Apt #)

City State Zip Code

Mailing Address (If different from above)

Parent/Guardian

Home Phone # Cell # Work #

Parent/Guardian Relation to Child Lives With

Phone # Home: Cell: Work:

Does your child have any medical concerns we should know about (i.e. allergies, diabetes, etc.)? Please explain:

PLEASE CHOOSE ONE "AM PICK-UP" OPTION AND ONE "PM DROP-OFF" OPTION

AM PICK-UP		PM DROP-OFF	
<input type="checkbox"/> Pick-up from home address	<input type="checkbox"/> Drop-off at home address	<input type="checkbox"/> Drop-off at home address	<input type="checkbox"/> Drop-off at home address
<input type="checkbox"/> Pick-up from alternate address <i>(If this option is checked, please complete box below)</i>	<input type="checkbox"/> Drop-off at alternate address <i>(If this option is checked, please complete box below)</i>	<input type="checkbox"/> Drop-off at alternate address <i>(If this option is checked, please complete box below)</i>	<input type="checkbox"/> Drop-off at alternate address <i>(If this option is checked, please complete box below)</i>
<input type="checkbox"/> No bus, walks or parent transports everyday	<input type="checkbox"/> No bus, walks or parent transports everyday	<input type="checkbox"/> No bus, walks or parent transports everyday	<input type="checkbox"/> No bus, walks or parent transports everyday
A.M. ALTERNATE ADDRESS		P.M. ALTERNATE ADDRESS	
Babysitter Name	<input type="text"/>	Babysitter Name	<input type="text"/>
Babysitter Address	<input type="text"/>	Babysitter Address	<input type="text"/>
Babysitter Ph #	()	Babysitter Ph #	()
<input type="checkbox"/>	Check if AM and PM alternate information is the the same. If it is, you do not need to complete the PM alternate address.		

Preschool Kindergarten New Student Address Change Bus Change

Effective Date: _____
 Parent/Guardian Signature _____ Date _____
 Parent/Guardian Email Address _____