



**HERSCHER CUSD#2**  
 TRANSPORTATION DEPARTMENT  
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**2016-2017**  
**TRANSPORTATION REQUEST FORM**

**TRANSPORTATION REQUEST FORM DEADLINES: June 1, 2016**

Student's Name (Last, First Middle)  2016-2017 Grade

Date of Birth (Month, Day, Year)  Sex  Home Phone

Street Address (House #, Street Name, Apt #)

City  State  Zip Code

Mailing Address (If different from above)  (House #, Street Name, Apt #, City, State, Zip)

Parent/Guardian  Relation to Child  Lives With

Home Phone #  Cell #  Work #

Parent/Guardian  Relation to Child  Lives With

Home Phone #  Cell #  Work #

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

PLEASE CHOOSE ONE "AM PICKUP" OPTION AND ONE "PM DROPOFF" OPTION	
AM PICKUP	PM DROPOFF
<input type="radio"/> Pickup from home address <input type="radio"/> Pickup from alternate address (If this option is checked, please complete box below) <input type="radio"/> No bus, walks or parent transports everyday	<input type="radio"/> Dropoff at home address <input type="radio"/> Dropoff at alternate address (If this option is checked, please complete box below) <input type="radio"/> No bus, walks or parent transports everyday
AM ALTERNATE ADDRESS	PM ALTERNATE ADDRESS
AM BABYSITTER NAME <input type="text"/> AM BABYSITTER ADDRESS <input type="text"/> AM BABYSITTER PHONE # <input type="text"/>	PM BABYSITTER NAME <input type="text"/> PM BABYSITTER ADDRESS <input type="text"/> PM BABYSITTER PHONE # <input type="text"/>
<input type="checkbox"/> Please check here if AM and PM alternate information are the same. If yes, 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 \_\_\_\_\_