



HERSCHER CUSD#2
 TRANSPORTATION DEPARTMENT
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2017-2018
TRANSPORTATION REQUEST FORM

TRANSPORTATION REQUEST FORM DEADLINES: June 1, 2017

Student's Name (Last, First Middle) 17-18 Grade Level

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"/> <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.	PM BABYSITTER NAME <input type="text"/> PM BABYSITTER ADDRESS <input type="text"/> PM BABYSITTER PHONE # <input type="text"/>

Preschool
 Kindergarten
 New Student
 Address Change
 Bus Change

Effective Date: _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian Email Address _____