



HERSCHER CUSD#2
 TRANSPORTATION DEPARTMENT
 Michelle Armstrong, Director
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2020-21
TRANSPORTATION REQUEST FORM

Phone: 815.421.5018 - Fax: 815.426.2872

Student's Name

(Last, First, Middle)

20-21 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)

(House #, Street Name, Apt #, City, State, Zip)

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

- ☐ Pick-up from home address
☐ Pick-up from alternate address
(If this option is checked, please complete box below)
☐ No bus, walks or parent transports everyday

PM DROP-OFF

- ☐ Drop-off at home address
☐ Drop-off at alternate address
(If this option is checked, please complete box below)
☐ No bus, walks or parent transports everyday

A.M. ALTERNATE ADDRESS

P.M. ALTERNATE ADDRESS

Babysitter Name

Babysitter Address

Babysitter Ph #

Babysitter Name

Babysitter Address

Babysitter Ph #

☐

Check if AM and PM alternate information is the the same. If it is, you do not need to complete the PM alternate address.

**PLEASE BE AWARE THAT BUS CHANGES CAN TAKE UP TO 48 HOURS TO PROCESS.
 YOU WILL BE CONTACTED WHEN THE CHANGE IS IN EFFECT.**

- ☐ Preschool ☐ Kindergarten ☐ New Student ☐ Address Change ☐ Bus Change

Effective Date: _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian Email Address _____