



**HERSCHER CUSD#2**  
 TRANSPORTATION DEPARTMENT  
 Michelle Armstrong, Director  
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**2021-22**  
**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**

**PM DROP-OFF**

- 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

- 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 \_\_\_\_\_