St Mary's - BUS TRANSPORTATION 2022-2023   <u>**RETURN**</u>
*****PLEASE FILL FORM OUT COMPLETELY*****

DATE: _____   School: _____

Child's Name: _____   Grade: _____

                                            ECE or PreK?   AM or PM

Parent(s) Name(s): _____

Child's Home Address: _____

Child's Home Phone: _____

Alternate Phone Number: _____   Date of Birth: _____

CENTRAL PARENTS PLEASE READ CAREFULLY

**All Central students must have a parent/guardian present at the bus stop
for students to be released.**

Pontiac District #429(815-842-1500) provides transportation to eligible students to and from school. Bus routes
are based on your home address. Notification will be sent in August with details about times and bus stops. It is very important to have
a consistent schedule in place for your child's transportation. We do not transport students on any other bus route, unless prior
arrangements have been approved. Students must take their assigned bus home from school or be a car rider that day.

PLEASE NOTE: Changes you make to your child's transportation will require at least 24 hours notice. Parents will be limited to a
maximum of two different pick-up and/or drop-off locations for their child per school year. The student's transportation schedule will
need to remain the same throughout the school year, unless prior approval is received from the Superintendent.

Please indicate your child's transportation needs below:

[   ] My child **will not** use bus transportation for the 2019-20 school year.

[   ] My child will ride the bus **to school from my home** address (as listed above).

[   ] My child will ride the bus **from school to my home** address (listed above).

[   ] My child will ride the bus from a child care provider in the **MORNING**.

Monday [   ]   Tuesday [   ]   Wednesday [   ]   Thursday [   ]   Friday [   ]
(please check the boxes for the days that your child will be picked up from the child care provider)

Child care provider's name: _____

Child care provider's address: _____

Child care provider's phone number: _____

[   ] My child will ride the bus to a child care provider in the **AFTERNOON**.

Monday [   ]   Tuesday [   ]   Wednesday [   ]   Thursday [   ]   Friday [   ]
(please check the boxes for the days that your child will be dropped off at the child care provider)

Child care provider's name: _____

Child care provider's address: _____

Child care provider's phone number: _____

No | PM BUS #