

**St Mary's - BUS TRANSPORTATION 2024-2025**  
**\*\*\*\*\*PLEASE FILL FORM OUT COMPLETELY\*\*\*\*\***

**RETURN**

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 2024-25 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: \_\_\_\_\_

**FOR OFFICE USE ONLY**

**Student is eligible to ride?**

Yes   
No

**AM BUS #** \_\_\_\_\_

**PM BUS #** \_\_\_\_\_

**PM BUS #** \_\_\_\_\_