



Community Consolidated School District 59

**Transportation Request Form**

School Year 20\_\_ - 20\_\_

**INSTRUCTION TO PARENT OR GUARDIAN:** Please complete this form **ONLY** if the requested pick-up or drop-off location for your student is **DIFFERENT than the closest stop to your home address or if no transportation is required for drop-off and/or pick-up**. If this form is not completed, the default location will be assigned, which is the stop closest to your home address.

Any changes require a minimum of 3 days notice; changes at the beginning of the school year require 2 week's notice. These instructions will remain in place for the entire program listed below and cannot be changed without further written authorization.

Submit this signed form to your child's school.

This request is being made for the following CCSD59 Program:  Regular School Year  Summer School Program (specify): \_\_\_\_\_

Please print: Student Name: \_\_\_\_\_ ID # \_\_\_\_\_

School Name: \_\_\_\_\_ Program \_\_\_\_\_

Grade Level: \_\_\_\_\_ Kindergarten/PreK:  Full Day Program  AM Program  PM Program

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Language Spoken (if not English): \_\_\_\_\_

**Check only ONE option for pick-up and ONE option for drop-off. All pick-up and drop-off sites must be located within CCSD59 and School boundaries. Alternating days of the week or multiple locations for pick-up or drop-off are not allowed.**

**Pick-up Information**

- No bus is required, parent will transport
- Other: Please provide detailed information below:  
 Site Address: \_\_\_\_\_  
 City and Zip: \_\_\_\_\_  
 Phone # for this location: \_\_\_\_\_  
 Relationship to student: \_\_\_\_\_

**Drop-off Information**

- No bus is required, parent will transport
- Other: Please provide detailed information below:  
 Site Address: \_\_\_\_\_  
 City and Zip: \_\_\_\_\_  
 Phone # for this location: \_\_\_\_\_  
 Relationship to student: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This section is for IEP (504) students only: To be completed by CCSD59 authorized coordinators only. The following information must be based on IEP (504) requirements.**

Date for service to begin: \_\_\_\_\_ Type of bus authorized:  Lift  Able to ride gen ed bus

Type of service authorized:  Curb to curb  Curb to curb (no escort required)  Aide

Special Requirements:  Child Securement Child's Weight: \_\_\_\_\_ Other: \_\_\_\_\_

Other pertinent information: \_\_\_\_\_

LEA Coordinator Authorization Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This section is to be completed by Transportation Department Only**

Date received: \_\_\_\_\_ Route Assignment: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Contractor notification date: \_\_\_\_\_ Parent/School notification date: \_\_\_\_\_

Processed by: \_\_\_\_\_