

DISTRICT 112
ANNUAL
ALTERNATE/DAYCARE ADDRESS BUSING REQUEST

Please fill out one form for each student
(This form must be completed annually or if changes occur)

Date _____ School Year _____ Student ID _____
(School use only)

Student Name _____ Grade _____
Last First

Home Address _____ City _____

Parent/Guardian Name _____

Home Phone (____) _____ Work Phone (____) _____

Name of School: _____ **Start Date:** _____

ALTERNATE INFORMATION: *Alternate address must be in student's school boundary*

TO SCHOOL TRIP: ADDRESS FROM WHICH I REQUEST MY CHILD BE TRANSPORTED.
(Child walks to closest established bus stop). **Circle days that apply: M T W Th F EVERYDAY**

Address: _____ City _____

Daycare Name/Contact Person: _____ Phone(____) _____

Comments: _____

FROM SCHOOL TRIP: ADDRESS TO WHICH I REQUEST MY CHILD BE TRANSPORTED.
(Child walks to closest established bus stop). **Circle days that apply: M T W Th F EVERYDAY**

Address: _____ City _____

Daycare Name/Contact Person: _____ Phone(____) _____

Comments: _____

Bus Stop: (For Office Use Only) **To:** _____

From: _____

Return this form to your school office

Schools please fax this form to:
Transportation Fax (952) 556-6169