

School District #91
Request for Kindergarten Transportation Services

Date: _____

Student Name: _____ Age: _____

School Attending: _____ AM or PM Class _____

Current Address: _____

Current Phone Number: _____

Parent's Name: _____

Emergency Contact: _____

Emergency Contact Phone: _____

Emergency Contact Address: _____

Special Pick Up Point or Drop off Point **IF** different from Home Address:

Pick Up Point Name: _____

Address: _____

Phone: _____

Drop Off Point Name: _____

Address: _____

Phone: _____

Transportation Use Only

AM

Pick-up Stop _____

Rt# _____

Drop Off Rt# _____

PM

Pick-up Rt# _____

Rt# _____

Drop Off Bus Stop _____

Special Notes: _____
