Please submit the following form to request a change in transportation. Requests are based on current seats available, time schedules and must be within the attendance boundaries. Transportation must be to the same address 5 days per week. The address provided for morning transportation may be different from the afternoon address. Please return this form to the above address, fax to 815-744-6196, or email to [cslechter@d88a.org](mailto:cslechter@d88a.org).

**We require a three (3) day notice (working days) to implement busing changes during the school year.**

|  |
| --- |
| Student’s Name: |
| Student ID Number: |
| Grade: |
| Home Address: |
| Home Phone Number: |
| Parent/Guardian Name: |
| Parent/Guardian Number: |
|  |
| \_\_\_\_\_\_\_\_\_\_ To school only \_\_\_\_\_\_\_\_\_\_ From school only \_\_\_\_\_\_\_\_\_\_ Both ways |

|  |
| --- |
|  |
| Additional Comments: |
| Parent/Guardian Signature: |