

**PLAINFIELD COMMUNITY CONSOLIDATED SCHOOLS DISTRICT 202
TRANSPORTATION OFFICE**

14812 S. Eastern Avenue, Plainfield, IL 60544
PHONE: (815) 436-7800 FAX: (815) 439-4830
Transportation@psd202.org

ALTERNATE TRANSPORTATION FORM

Students who are regularly transported to or from a bus stop other than the one assigned for their home address must have a signed, current request on file at the District's Transportation Office. **Alternate Transportation Forms must be resubmitted yearly.** Requests are granted based on current seats available, time schedules, and must be within the attendance boundary the child is attending. Information is also requested if District 202 does not transport the student due to day care center/sitter or parent transportation. Transportation must 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 number, or email to Transportation@psd202.org as soon as possible.

The District Transportation Office Requires a five (5) day notice (working days) to implement busing changes during the school year, and a 2 week notice prior to start-up of a new school year.

REQUEST TO TRANSPORT STUDENT TO/FROM DIFFERENT BUS STOP

STUDENT'S NAME: _____
(LAST NAME) (FIRST NAME)

SCHOOL: _____ GRADE: _____

HOME ADDRESS: _____ CITY: _____

HOME PHONE NUMBER: _____ HOME SUB-DIVISION: _____

WORK PHONE NUMBER (S) OF PARENT/GUARDIAN (S):

DAD: _____ MOM: _____

SITTER'S NAME: _____

SITTER'S ADDRESS: _____ CITY: _____

SITTER'S PHONE #: _____ SITTER'S SUBDIVISION: _____

CHECK THE TIME OF DAY TO BE BUSED FROM SITTER: _____ To school only _____ From school only _____ Both ways

DATE FOR BUSING TO START AT SITTER: _____

ADDITIONAL COMMENTS: _____

PARENTS' / GUARDIANS NAME(S) **PRINTED**: _____

SIGNATURE: _____ DATE: _____

Adult providing childcare is required to sign the statement below

I acknowledge the above-named student is in my care as indicated above requiring transportation from the bus stop associated to my address. I understand I am responsible they arrive to and/or from the bus stop safely, and I am responsible for their behavior at the bus stop.

SITTERS' SIGNATURE: _____ DATE: _____

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TRANSPORTATION POLICY FOR STOP LOCATION OTHER THAN STOP ASSIGNED TO HOME ADDRESS

During the school year, students may be transported to / from **one** stop address other than their home bus stop; however, the stop must be for **every day** of the week. The stop address must be within the same school's attendance boundary.

The four possible choices for bus transportation would be:

1. Pick up at home; drop off at home.
2. Pick up at home; drop off at sitter.
3. Pick up at sitter; drop off at sitter.
4. Pick up at sitter; drop off at home.

Students who are transported to / from a bus stop other than their assigned stop must have a parent / guardian signed transportation request form on file at the District's Transportation Department. Please email the completed form to Transportation@psd202.org.

Requests received by the District Transportation Office will become effective after **FIVE (5)** school days.