

**Bourbonnais Elementary School District No, 53
 Transportation Information Form
 Pre-Kindergarten - 8th Grade
 151 W. River St. Bourbonnais, IL. 60914
 Phone (815) 937-4494**

transportation@besd53.k12.il.us

CAR BUS

<u>Student's</u> LAST NAME		<u>Student's</u> FIRST NAME		MIDDLE /INT.	Male <input type="checkbox"/> Female <input type="checkbox"/>
Address (No P.O. Box)			APT/BOX	City, State/Zip	
Parent/Guardian's Name		Home Phone Number		Work Phone /Cell	Is this a new address from Last year? <input type="checkbox"/> Yes <input type="checkbox"/> No
Kindergarten Only <input type="checkbox"/> AM <input type="checkbox"/>		D.O.B.		Grade	School
Daycare Facility/Babysitter Name		Address		Phone Number	Cell No.
Pick Up Address (if different then home)		BUS #	TIME	Drop Off Address (if different then home)	BUS # TIME

FOR DISTRICT USE ONLY					
P/U BUS #	TIME		D/U BUS #	TIME	
STUDENT ID		START DATE		APPROVAL INITIAL	

CAR BUS

<u>Second Student's</u> LAST NAME		<u>Student's</u> FIRST NAME		MIDDLE NAME/INT.	Male <input type="checkbox"/> Female <input type="checkbox"/>
Address (No P.O. Box)			APT/BOX	City, State/Zip	
Parent/Guardian's Name		Home Phone Number		Work Phone /Cell	Is this a new address from Last year? <input type="checkbox"/> Yes <input type="checkbox"/> No
Kindergarten Only <input type="checkbox"/> AM <input type="checkbox"/> PM		D.O.B.		Grade	School
Daycare Facility/Babysitter Name		Address		Phone Number	Cell No.
Pick Up Address (if different then home)		BUS #	TIME	Drop Off Address (if different then home)	BUS # TIME

FOR DISTRICT USE ONLY					
P/U BUS #	TIME		D/U BUS #	TIME	
STUDENT ID		START DATE		APPROVAL INITIAL	

CAR BUS

<u>Third Student's</u> LAST NAME		<u>Student's</u> FIRST NAME		MIDDLE NAME/INT.	Male <input type="checkbox"/> Female <input type="checkbox"/>
Address (No P.O. Box)			APT/BOX	City, State/Zip	
Parent/Guardian's Name		Home Phone Number		Work Phone /Cell	Is this a new address from Last year? <input type="checkbox"/> Yes <input type="checkbox"/> No
Kindergarten Only <input type="checkbox"/> AM <input type="checkbox"/> PM		D.O.B.		Grade	School
Daycare Facility/Babysitter Name		Address		Phone Number	Cell No.
Pick Up Address (if different then home)		Bus #	Time	Drop Off Address (if different then home)	BUS # TIME

FOR DISTRICT USE ONLY					
P/U BUS #	TIME		D/U BUS #	TIME	
STUDENT ID		START DATE		APPROVAL INITIAL	

INCORRECT OR INCOMPLETE APPLICATIONS WILL BE RETURNED

The District does not supervise bus stops and is not responsible for the control and conduct of students at bus stops. Parents have the responsibility to supervise their students until they are safely aboard the school bus.

A child must present his or her full name to the bus driver upon boarding of the bus. Driver will verify the child's eligibility to ride.

PARENT'S OR GUARDIAN'S SIGNATURE _____ Date _____

For assistance or information please contact Jim Doenges, Transportation Director, transportation@besd53.k12.il.us or (815) 937-4494. Thank You.



Transporting Students Safely to and from School