

**STREATOR ELEMENTARY SCHOOL DISTRICT #44**  
**Request for Transportation to a Caregiver**

*Please circle attendance center*

Centennial

Kimes

Northlawn

I, the undersigned, request that my child/children be allowed to ride a bus to and from a caregiver's address, rather than to our home address.

\_\_\_\_\_ Our home address is 1.5 miles or more from my child/children attendance which qualifies for free bussing. I understand that this request may only be granted if there is an existing bus stop and if space is available on the bus.

\_\_\_\_\_ Our home address is not within the 1.5 miles of my child/children's attendance center. I understand I must submit a bus pass application and fee along with this request and agree to the terms of the application.

**You will be notified by your child's school office if this request has been granted. You will be responsible for transportation until then.**

Parent name: \_\_\_\_\_

Home address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Student name(s): \_\_\_\_\_ Grade: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of caregiver: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Parent/guardian signature: \_\_\_\_\_

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Request approved: \_\_\_\_\_ Request denied: \_\_\_\_\_

Bus #: \_\_\_\_\_

Bus stop: \_\_\_\_\_ AM bus time: \_\_\_\_\_