



ROUND LAKE AREA SCHOOLS

Community Unit School District #116

Bus Adjustment Request Form

Today's Date: _____ (Please allow 3 - 5 days for processing)

Start Date: _____

School (Please circle): EEC Pleviak Village Murphy Indian Hill
 Ellis Beach RLMS Magee High School

Student Information

Student's Name: _____

Current Address: _____

Other ID #: _____

Signature of Parent/Guardian: _____

Updated Address Information

New Address: _____

Phone: _____

Daycare Information

*****students must have the same pick up/drop off address ALL days of the week*****

Daycare Provider: _____

Daycare Address: _____

Daycare Phone: _____

Note: If no is indicated where (*) the student may not receive transportation

School Office Use Only

- | | | |
|---|-----|-----|
| 1. Has this information been changed in Infinite Campus? | Yes | No |
| 2. Is the new address in the same home school zone? | Yes | No* |
| 3. Is the student receiving special services? | Yes | No |
| 1. If yes, can these service be provide at another school? | Yes | No |
| 2. If yes, will the student be moving to the new home school? | Yes | No* |
| 3. If no, will the student be moving to the new home school? | Yes | No* |

Transportation Department Use Only

Is the day care address in the same home school? Yes No

Reason of denial: _____

Parent contacted (Date, Time & Initials): _____

New transportation emailed to school (Date, Time & Initials): _____

Email to school if denied (Date, Time & Initials): _____

Solicitud para ajustes en el transporte escolar

Fecha de Hoy: _____ (permítala de 3 a 5 días para procesar) Día de comienzo: _____

Escuela (Por Favor Circule): EEC Pleviak Village Murphy Indian Hill

 Ellis Beach RLMS Magee High School

Información del estudiante

Nombre del estudiante: _____

Dirección Actual: _____

Other ID # _____

Firma del padre o tutor legal: _____

Cambio de Dirección

Nueva dirección: _____

Numero de telefono: _____

Proveedor(a) del cuidado infantil

La proveedora tiene que ser para la mañana y la tarde 5 días a la semana

Nombre del Proveedor: _____

Dirección del Proveedor: _____

Numero telefonico del Proveedor: _____

Note: If no is indicated where () the student may not receive transportation*

Exclusivo para el uso de la oficina Escolar

- | | | | |
|----|--|-----|-----|
| 1. | Has this information been changed in Infinite Campus? | Yes | No |
| 2. | Is the new address in the same home school zone? | Yes | No* |
| 3. | Is the student receiving special services? | Yes | No |
| | o If yes, can these service be provided at another school? | Yes | No |
| | o If yes, will the student be moving to the new home school? | Yes | No* |
| | o If no, will the student be moving to the new home school? | Yes | No* |

Solo para el uso de la oficina de Transporte

Is the day care address in the same home school? Yes No

Reason of denial: _____

Parent contacted (Date, Time & Initials): _____

New transportation emailed to school (Date, Time & Initials): _____

Email to school if denied (Date, Time & Initials): _____