

SUMMIT HILL SCHOOL DISTRICT 161 - PARENT TRANSPORTATION REQUEST

This form is to be used to request a permanent change from the current transportation schedule. Address changes may affect your child's bus route; please notify the District office as soon as possible. If you have more than one student attending, please fill out a form for each student for each school/and or grade level. Please note that the request will be honored under the following conditions:

- The request is the same location to school five (5) days per week or after school to the same location five (5) days per week.
- Verification that the transportation request is not in a designated walking area.
- Transportation request students will be assigned to an existing stop.
- Verification has been made that the new bus route has not met student capacity.
- Changes must begin on a Monday and take a minimum of five (5) business days to process from receipt at the district office.

Parents will be notified of the outcome of their request and the date the change will take effect via phone call.

This form may be faxed to (815)469-0566 or via mail to:

Summit Hill School District 161
20100 S..Spruce Drive
Frankfort, IL 60423
Attn: Transportation Request

Student Name:		Grade:	
Parent Name:			
Current Address:			
New Address:			
1st Phone Number:		Alternate Phone:	
Reason for Request			

Current	Give Current Route Numbers below	Requested Change	Give Stop Street Names Below
AM		AM	
PM		PM	
Name of Resident		Name of Resident	
Address:		Address:	
Telephone		Telephone	
Parent's Signature	Date: _____		

Date of Receipt _____ Acceptance Date _____ Denial Date _____