

ILLINI BLUFFS SCHOOL DISTRICT #327

HOME OF THE TIGERS





Please complete ONLY if registering a new student or there are changes

from last school year.

Check One: _____ New Application – Effective Date: ____/___/

Change	e of Address – Effective Date:/	/
Change	e of Pickup/Drop Off Location – Effective	e Date:/
ONE Pick-up and ONE di	op-off location per student	
bus riders, we no longer dro	iver our students to school and home safely op-off or pick-up students at more than one morning and afternoon stop below.	each day. To address this situation with our location per morning and afternoon route.
IBES Parents		
	ees that no one is home the driver will return gram. Please note: a few for the program wi	-
Student's Name:	Grade:	(for 23-24)
Where will the child be picl	ked up?: (Home, Daycare, relative, etc.)	
Pick-up Address:		
Drop-off Address:		
Parent/Guardian Contact in		
Name:	Relationship:	Phone:
Name:	Relationship:	Phone:
Parent/Gua	rdian Signature:	
Please	call the IB Transportation Department at 30	09.389.5735 with any questions.

Transportation Form