

**Edwardsville Community Unit School District 7**  
**Joint Custody Transportation Form**

**This form must be completed annually when registering students for school.**

Student Name: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Circle days your child needs transportation from this address: M T W TH F

Transportation Required: A.M. P.M. Circle one or both, if applicable.

Father's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Circle days your child needs transportation from this address: M T W TH F

Transportation Required: A.M. P.M. Circle one or both, if applicable.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Availability will be evaluated after the sixth day of school (Sixth Day Enrollment). You will receive notification by mail.** Please return this form with a self-addressed, stamped envelope to your child's attendance center or the Board of Education Office located at 708 St. Louis Street, Edwardsville.

OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE

Date Approved: \_\_\_\_\_ School Year: \_\_\_\_\_

Date Denied: \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

**Bus Information:**

**To School:**

**From School:**

Bus Number: \_\_\_\_\_

Bus Number: \_\_\_\_\_

Stop Time (A.M.): \_\_\_\_\_

Stop Time (P.M.): \_\_\_\_\_

Stop Location: \_\_\_\_\_

Stop Location: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Assistant Superintendent of Business Operations