

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:

Bus Number: _____

Stop Time (A.M.): _____

Stop Location: _____

From School:

Bus Number: _____

Stop Time (P.M.): _____

Stop Location: _____