



COMMUNITY UNIT  
SCHOOL DISTRICT

## ALTERNATE PICK UP / DROP OFF LOCATION APPLICATION

This form **must** be completed annually and include a copy of driver's license or state ID for the Day care provider.

**Deadline... August 1, 2022**

### Waiver and Release of all Claims:

Please read this form carefully and be aware that in signing up for this program, you will be waiving and releasing all claims for injuries that might be sustained or arising out of participation in the program.

The undersigned hereby request that School District 308 allow the student to participate in the Alternate Pick up / Drop off program (the "Program"). Under the program, the student will be transported daily to an alternate location rather than the student's home address area at the beginning and/or end of each school day. The undersigned represents and warrants that the student will be met and custody of the student will be assumed by a responsible adult at the alternate location. The undersigned hereby agrees to waive and relinquish all claims including injury; death, damage or loss the undersigned or student may have as a result of participating in the program against the School District, its officers, agents, servants, and employees.

### Condition of Participation:

1. Pick up / Drop off locations for students in day care must be along District's regular routes and to the same school that the student would attend if transported to/from his or her residence.
2. The residence of the child care provider must be within walking distance, with no intervening Illinois Department of Transportation safety hazard areas, of the bus route serving the child's school.
3. Pick up / Drop off location can be separate locations. However, the location must be the same Monday-Friday, 5 days per week and be within the same boundary as your child's school.
4. Participation shall be contingent upon availability of seat space on the bus route.
5. This form **must** be completed annually or when the alternate location changes during that school year.
6. Parent or legal guardian must sign the Waiver and Release of all Claim form.
7. Participation in the program will terminate in the event that any information provided is found to be misleading or false.
8. ***Form must be completed annually and submitted to the Transportation Center by August 1, 2022. After that date, applications received will not start until September 13, 2022.***

If you have any questions, please contact the District Transportation Center.  
Please email this form to: [busroutes@sd308.org](mailto:busroutes@sd308.org) or you may fax this form to the number below.

55 Stonehill Road | Oswego, IL 60543  
Phone: (630) 636-2999 | Bilingual: (630) 636-2986 | Fax: (630) 636-2990

**PARENT TO FILL OUT THIS SECTION:**

School: \_\_\_\_\_ Grade: \_\_\_\_\_ (If ELC or Kindergarten AM or PM)

Alternate Transportation Requested for: **AM** \_\_\_\_\_ **PM** \_\_\_\_\_ **Both** \_\_\_\_\_

Name of Student: \_\_\_\_\_ Student ID # \_\_\_\_\_

Address, City, Zip: \_\_\_\_\_

Parent/Guardian Email Address: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

I have read and fully understand the above Program details and Waiver and Release of All Claims. The undersigned is (are) the parents (s) of the above named student.

I give my permission for my child to ride a School District 308 or contractor provided bus. I understand my child must walk to an existing bus stop, and I assume full responsibility for my child getting to and from the bus stop safely. I further understand if my child misbehaves or if space is needed for an eligible bus student, my child will lose bus ride privileges.

\_\_\_\_\_  
(Signature of Parent/Guardian) (Date)

**Include a copy of driver's license or state ID for Day care provider.**

**DAY CARE PROVIDER TO FILL OUT THIS SECTION:**

I, \_\_\_\_\_; the undersigned, reside at

Address, City, Zip \_\_\_\_\_

Contact Phone # \_\_\_\_\_ will be the Day care provider.

I have read and fully understand the above Program details and, by my signature, swear and affirm that the information stated above is true and correct.

\_\_\_\_\_  
(Signature of Day Care Provider) (Date)

**PLEASE SUBMIT A SEPARATE SHEET FOR EACH STUDENT**

*For office use only:*

Received \_\_\_\_\_ Initials \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_ Route # \_\_\_\_\_

Date Begins \_\_\_\_\_ Parent notified \_\_\_\_\_ Driver notified \_\_\_\_\_ School Notified \_\_\_\_\_