Bus Transportation Request Form

Student Eligibility

Bus services are available to students in grades Kindergarten through 8th grade who live within the Freeburg Public School District 70 or within the Freeburg High School District 77. A family's residence must be at least one mile away from the school to qualify for bus transportation services.

Freeburg Bus Garage

Questions regarding the times of pick up and drop off, as well as which bus a child will ride, should be directed to the bus garage office. The phone number for the Freeburg Bus Garage is 618-539-9822. The PM pick up time is 3:00 pm from St. Joseph Catholic School. Students are then transported to the Freeburg Public School to get on their evening bus.

Request for Bus Services

I/We hereby request bus services from the Freeburg Public School District. I/We understand that while in transit, our child(ren) are under the jurisdiction of the bus driver. I/We understand that failure to follow and abide by the rules and regulations of bus safety and conduct on the bus may result in loss of bus privileges.

_____ _____

Parent Signature(s) Student(s) Signature(s)

Anticipated Days Child(ren) will Ride Bus

Check all that apply:

____Mondays ____Tuesdays ____Wednesdays ____Thursdays ____Fridays

Check all that apply:

AM PM AM PM AM PM AM PM AM PM

____Variable (will call or email on a daily or weekly basis regarding bus days)

*__Please notify the main office no later than 2:00 PM__ if a child will not be riding the bus home on a regularly scheduled bus day. If the days your child will ride the bus varies, please notify the office as soon as possible regarding days your child is or is not riding the bus.

Permission to Transport Child(ren) to Public School

In the event my child misses the pm bus pick up at St. Joseph's, I grant St. Joseph Catholic School permission to transport my child to the public school so my child(ren) may catch the afternoon bus. I/We hereby agree to hold harmless and indemnify St. Joseph Catholic School and the Diocese of Belleville, including their employees, and volunteers from any claims and for any medical expenses incurred by the child due to injury or illness that occurs in transit.

_____ Parent Initials

Student Address _____

Emergency Contact & Phone Number _____