COMMUNITY UNIT SCHOOL DISTRICT NO. 1 149 S. ELM STREET WINCHESTER, IL 62694

Please complete this form, including the names of all your children, both school age and younger.

Those students who are eligible for bus service will be contacted by their bus driver prior to the start of school. Any questions or concerns regarding transportation may be directed to the Transportation Director at (217) **742-5260**.

Thank you for your cooperation.

PLEASE LIST YOUR SCH	HOOL AGE AND PRESCHOOL AGE CHILDREN
Address	y
	(work)
Mother's name	
,	
Phone Numbers (home)	(work)
Emergency Contact & Phone Numb	per
NAME OF CHILDREN	Child's Birthdate Month Day Year Grade
5	
Eligible for bus transportation?	yes no
If students rode bus last year, list bu	us number & driver

c:\wp51\forms\transportation

BUS RULES

Winchester High School

- 1. Students must obey the bus driver at all times.
- 2. Do not leave your assigned seat.
- 3. Keep hands and head inside the vehicle. Do not throw anything out the windows.
- 4. No loud talking, laughing or unnecessary commotion. Electronic devises are not allowed.
- 5. Be absolutely QUIET at railroad crossing stops.
- 6. Respect all bus property. Students and/or parents will be charged for any repairs or replacement caused by intentional misuse.
- 7. No eating or drinking is allowed in the vehicle. This includes candy, suckers and gum.
- 8. No animals allowed on the bus.
- 9. No unauthorized stops.
- 10. No name-calling, vulgar language or spitting.
- 11. No unauthorized use of the FM radios.
- 12. Guest riders are not allowed.

THESE RULES APPLY TO ALL SCHOOL CURRICULAR AND EXTRACURRICULAR ACTIVITIES!!

FAILURE TO OBSERVE THESE RULES MAY RESULT IN LOSS OF BUS PRIVILEGES!!

Parents:	Please review these rules with your children and sign and return the bottom of this sheet to the Winchester High School Office. Thank you for your cooperation.

	nd reviewed the bus rules with my child/children and we agree to abide by the rules as set forth by ation Department of Winchester CUSD #1.
Children's na	nmes:
Parents / Gua	ardian signature:
Date:	

Home Language Survey

The state requires the district to collect a Home Language Survey for every new student. This information is used to count the students whose families speak a language other than English at home. It also helps to identify the students who need to be assessed for English language proficiency.

Please answer the questions below	ow and return this survey	to your child's school.
Student's Name:		
1. Is a language other than Englis	sh spoken in your home?	
Yes	No	
What language?		
2. Does your child speak a langu	age other than English?	
Yes	No	
What language?		
If the answer to either question child's English language profi		the school to assess your
Parent/Legal Guardian Signat	ture	Date