

SAINT PETER LUTHERAN SCHOOL
New Student Transportation Form
2012/2013 School Year



Parent/guardian must fill out this form at time of registration. Busing will be based on information the parent/guardian provides on this form.

(Please Print)

Student's Name _____
Last First Birthdate

Home Address _____
Street City Zip

2012/2013 Grade Level _____ Male Female

Parent/Guardian Name _____
Last First

Home Phone _____ Cell Phone _____ Business Phone _____
Area Code Area Code Area Code

Parent/Guardian Name _____
Last First

Home Phone _____ Cell Phone _____ Business Phone _____
Area Code Area Code Area Code

**If you live 1 1/2 miles or more from school or in a hazard zone designated by the district, your child will receive free busing. If you live less than 1 1/2 miles from school, you will receive a parent/guardian paid busing form. (Requests will be satisfied based on seating availability.)*

My child needs pick-up or drop-off other than home. If yes, please list information below. Yes No

PICK-UP

Name of Sitter or Daycare Provider _____ Phone _____
 (Within School Dist. 54 boundaries) Area Code

Address _____ City _____ Zip Code _____

DROP-OFF

Name of Sitter or Daycare Provider _____ Phone _____
 (Within School Dist. 54 boundaries) Area Code

Address _____ City _____ Zip Code _____

Parent/Guardian Signature _____ Date _____

School District 54 – Transportation Services
 Phone 847-357-5104
 Fax 847-357-5152

REV. 12/27/11

For School Office Use Only	
Kindergarten	AM <input type="checkbox"/> PM <input type="checkbox"/> ALL DAY <input type="checkbox"/>
For Transportation Office Only	
Student I.D. #	_____