

Waukegan School District #60
Alternate Transportation Application

Please Note: Requests may take a minimum of 3 to 5 working days to process. Arrangements must be consistent Monday-Friday. Contact your school for bus information.

STUDENT INFORMATION (PLEASE PRINT) (PLEASE FILL OUT COMPLETELY)

School : _____ Today's Date: _____

Student Last Name	Student First Name	Student ID #	Grade
Home Address	Apt.	City	Zip Code
Home Phone #			

CHILD LIVES WITH: Both Parents Mother Father Step/Guardian Other _____

Parent/Guardian Name: _____ Phone #: _____

Emergency Phone #: _____ Name & Relationship: _____

I am requesting transportation at the following locations: (If the address is home, leave blank)

Before School Pick up Address: _____ City: _____ Zip Code: _____
(Full address, no corners stops)

Daycare/Sitter Name: _____ Phone #: _____

After School Drop-off Address: _____ City: _____ Zip Code: _____
(Full address, no corner stops)

Daycare/Sitter Name: _____ Phone #: _____

Parent/Guardian Signature: _____ Date: _____

Your child must be eligible for a bus in order to receive transportation to and from a day care provider. Provider must be within the attending school boundaries and meet the mileage requirements per grade level.

For School Office Use Only

Rec'd: ____ / ____ / ____ by: _____ at _____ School

Date sent to Office of Transportation: ____ / ____ / ____

Notes:

For Office of Transportation Use Only

Date received by Office of Transportation: ____ / ____ / ____

Distance from school: _____ miles In School's Busing Boundary? Yes / No Application Approved: Yes / No

Denial Reason: _____

EFFECTIVE DATE: _____