

**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 to and from home 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:**  Out of school boundaries (\_\_\_\_\_) Student's boundaries are: \_\_\_\_\_

Student is a Walker \_\_\_\_\_ mi from school  Student is a Parent Voluntary Transfer  Out of District Address

**CHANGE EFFECTIVE:** \_\_\_\_\_

(DATE)

**FAX BACK TO 224-399-8558 or Email to: [warenas@wps60.org](mailto:warenas@wps60.org)**