

Waukegan School District #60
Alternate Transportation Application

Please print

School: _____

Today's Date: _____

Student's Name: _____

ID#: _____

Home Address: _____

Zip Code: _____

Parent/Guardian's Name: _____

Phone #: _____

I am requesting transportation at the following location(s):

To School: (Yes/No) Address: _____ Zip Code: _____

From School: (Yes/No) Address: _____ Zip Code: _____

Daycare Name: _____ Phone #: _____

Babysitter Name: _____ Phone #: _____

Parent Signature: _____

For School Office Use Only

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

Is this address within your school's attendance boundary? *Yes / No*

Date sent to Office of Transportation at Lincoln Center: ____/____/____

Notes:

For Office of Transportation Use Only

Date received by Office of Transportation at Lincoln Center: ____/____/____

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

Reason: _____

Date Transportation Request Forwarded to Bus Company: ____/____/____

Notes:

For Bus Company Use Only

Date received by Bus Company: ____/____/____

Date change is effective: ____/____/____

Date sent back to School Office: ____/____/____

Notes: