

**SCHAUMBURG CHRISTIAN SCHOOL**  
**BUSING IS AVAILABLE ONLY IN THE AM (K-8<sup>TH</sup> GRADE ONLY)**  
**MUST RESIDE WITHIN SCHOOL DISTRICT 54 BOUNDARIES**

**Transportation Form**  
**2018/2019 School Year**



Parent/guardian must fill out this form and return to Schaumburg Christian School. 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

2018/2019 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

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

*\*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 and do not live in a designated hazard zone but would like to apply for busing, you will need to request a parent/guardian paid busing form. (Requests will be satisfied based on seating availability.)*

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

**PICK-UP**

Name of Sitter or Daycare Provider \_\_\_\_\_ Phone \_\_\_\_\_  
(Must be within School District 54 boundaries) Area Code

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

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

2/8/18

For Transportation Office Only Student I.D. # _____
--