



ST. FRANCIS TRANSPORTATION FORM

Complete this form if your student requires transportation services.

Dear Parent/Guardian,

To receive transportation services, please complete this form. Transportation is to and from the home address. If your transportation needs require an alternate pick-up or drop-off location, please indicate the alternative addresses in the spaces provided below. This form should be returned ***no later than June 3rd*** to:

Lake Zurich Transportation Department
Attn: Student Routing
66 Church St.
Lake Zurich, IL 60047

Student Name: _____

Date of Birth: _____ Grade: _____

Home Address: _____

Home City, Zip: _____

Parent/Guardian Name: _____

Parent/Guardian Phone: _____

Parent/Guardian Email: _____

AM Transportation: _____ PM Transportation: _____ Both AM/PM transportation: _____

PARENT/GUARDIAN SIGNATURE

I understand that it is the school district's policy for students to use the same bus stop 5 days a week. These rules are enforced to ensure safe and orderly transportation of our students.

Parent/Guardian Signature and Contact Phone number.

*****TRANSPORTATION OFFICE USE ONLY*****

Transportation has been shared with the school: _____

Reason of denial: _____

Parent contacted (Date, Time & Initials): _____

Email to school if denied (Date, Time & Initials): _____