

# SAINT PETER LUTHERAN SCHOOL

## New Student Transportation Form

2025/2026 School Year



Parent/guardian must fill out this form at time of registration. 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

2024-2025 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

*\*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 or drop-off other than home. If yes, please list information below.  Yes  No

### PICK-UP

Name of Sitter or Daycare Provider \_\_\_\_\_ Phone \_\_\_\_\_  
(Within School Dist. 54 boundaries) Area Code

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

### DROP-OFF

Name of Sitter or Daycare Provider \_\_\_\_\_ Phone \_\_\_\_\_  
(Within School Dist. 54 boundaries) Area Code

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

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

Fax # 847 357 5152

REV. 12/8/2020

For School Office Use Only

Kindergarten AM  PM  ALL DAY

For Transportation Office Only

Student I.D. # \_\_\_\_\_