

# SAINT PETER LUTHERAN SCHOOL

## New Student Transportation Form

2026/2027 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

2026/2027 Grade Level \_\_\_\_\_ Male  Female  Bus Needed AM  PM  Both

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 an approved hazard zone, your child will receive free busing. If you live less than 1 1/2 miles from school and do not live in an approved 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 \_\_\_\_\_

School District 54 – Transportation Services

Phone 847-357-5104

Fax 847-357-5152

REV. 2/6/2026

For Transportation Office Only

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