SCHAUMBURG CHRISTIAN 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. Must reside within School District 54 boundaries.

(Please Print)

Student's Name _____
Last First Birthdate

Home Address_____
Street City Zip

2026-2027 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

Please check the box for when your child will ride the bus.

☐ Will ride **A.M.** ☐ Will ride **P.M.** *(pick up from school is 4:00 p.m.)* ☐ Will ride **A.M. & P.M.** *(pick up from school is 4:00 p.m.)*

If you live 1 ½ miles or more from school or in an approved hazard zone, your child will receive free busing. If you live less than 1 ½ 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.) Afternoon pick up at school is at 4:00PM.

Parent/Guardian Signature _____ Date_____ **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_____

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

REV. 2/22/22

For Transportation Office Only
Student I.D. #_____