



**ST. THERESA SCHOOL, PALATINE, IL
2018-2019 TRANSPORTATION INFORMATION**

**If your child(ren) require a bus route for the 2018-2019 school year,
this form must be filled out and returned to Mrs. Soby by May 25, 2018**

Family Last Name _____ Date _____

Please indicate one: Returning Family ___ Returning Family with New Address ___ New Family ___

Address _____ City _____ State _____ Zip _____

Home Phone _____ Mom Cell _____ Dad Cell _____

Mother's Email: _____ Father's Email: _____

CHILDREN

First Name	Birth Date	Grade	Sex
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If you reside within the District 15 boundaries and more than 1 ½ miles from St. Theresa School your child is eligible for free busing. If you reside near a major intersection that you believe makes you eligible for free busing, please contact District 15 Transportation at 847-963-3900.

Do you qualify for free busing? Yes **Go to section 1** No **Go to section 2**

SECTION 1

If you **DO QUALIFY**, do you want a bus? Yes _____ No _____

When do you want the bus: **AM**_____ **PM**_____ **BOTH WAYS**_____

Please identify the corner nearest to your home: _____

OR

Please identify the name and address of the caregiver where your child must be picked up or dropped off:

Name: _____

Address: _____

What days: **M** **T** **W** **Th** **F**

SECTION 2

If you **DO NOT QUALIFY** tell us why: **Not in District** / **Not more than 1 ½ miles away**

PLEASE SIGN: Parent/Guardian Signature: _____ Date: _____