



## ST. THERESA SCHOOL, PALATINE, IL

### 2019-2020 TRANSPORTATION INFORMATION

If your child(ren) require a bus route for the 2019-2020 school year,  
this form must be filled out and returned to Mrs. Soby by May 29, 2019

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 1/2 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 1/2 miles away**

**PLEASE SIGN:** Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_