



NAPERVILLE COMMUNITY UNIT SCHOOL DISTRICT 203 TRANSPORTATION REQUEST FORM

ABOVE INFORMATION FOR DISTRICT USE ONLY

STUDENT ID	DWELLING ID	FAMILY ID	GRIDCODE	ENROLLMENT DATE	LAST LOCATION CODE	ENROLLMENT SCHOOL	ENROLLMENT GRADE	HOME SCHOOL
BUS #			TODAY'S DATE					

PLEASE PRINT AND COMPLETE BOTH SIDES

STUDENT'S LEGAL NAME (Last, First, Middle)		BIRTHDATE		AGE	GENDER
ENROLLMENT GRADE	HOME PHONE NUMBER (INCLUDE AREA CODE)	ETHNICITY (Please Circle Appropriate Number)			
PREVIOUSLY TRANSPORTED TO NONPUBLIC/PRIVATE SCHOOL BY DISTRICT 203		1 - American Indian or Alaskan Native 2 - Asian or Pacific Islander 3 - Hispanic 4 - Black, not of Hispanic Origin 5 - White, not of Hispanic Origin 6 - Multi-Racial			
WHEN <input type="checkbox"/> Yes <input type="checkbox"/> No					
WHAT SCHOOL	ADDRESS (IF APARTMENT, INCLUDE #)	CITY, STATE, ZIP CODE		SUBDIVISION/APARTMENT COMPLEX	
IF NOT CURRENTLY LIVING AT THE ABOVE ADDRESS, INDICATE CURRENT ADDRESS					

DATE YOU MOVE IN TO YOUR PERMANENT ADDRESS:					
PARENT/GUARDIAN STUDENT LIVES WITH (PARENT #1)		RELATIONSHIP TO STUDENT (FATHER, MOTHER, STEPMOTHER, STEPFATHER, OTHER:)		PARENT/GUARDIAN STUDENT LIVES WITH (PARENT #2)	
WORK PHONE # (INCLUDE AREA CODE)	CELL PHONE # (INCLUDE AREA CODE)	WORK PHONE # (INCLUDE AREA CODE)	CELL PHONE # (INCLUDE AREA CODE)	RELATIONSHIP TO STUDENT (FATHER, MOTHER, STEPMOTHER, STEPFATHER, OTHER)	PAGER PHONE # (INCLUDE AREA CODE)
() ()	() ()	() ()	() ()		() ()

IN CASE THE PARENT/GUARDIAN CANNOT BE REACHED, WHAT LOCAL RESIDENT/RELATIVE MAY BE CALLED? IF NONE ARE LISTED, 911 WILL BE CALLED. INCLUDE ALL AREA CODES PLEASE.

EMERGENCY 1 CONTACT NAME: _____ HOME PHONE # () _____ WORK PHONE # () _____
 CELL PHONE # () _____
 EMERGENCY 2 CONTACT NAME: _____ HOME PHONE # () _____ WORK PHONE # () _____
 CELL PHONE # () _____

Indicate any concerns (physical, emotional, educational) your child has that are to be considered?

Special instruction in case of an emergency if you cannot be reached

I authorize this school to seek the necessary emergency care and treatment for my child whenever those individuals designated above are not available for consultation or direction.

SIGNATURE OF PARENT/GUARDIAN

Additional siblings in the household:

NAME (LAST, FIRST, MIDDLE)	GENDER	BIRTHDATE	SCHOOL	GRADE

The above information is correct to the best of my knowledge

SIGNATURE OF PARENT/GUARDIAN

DATE