

**St. Catherine of Siena
Student Data Form**
ONE FORM MUST BE SUBMITTED FOR EACH STUDENT

IMPORTANT ELIGIBILITY NOTES:

1. You must be a resident of CUSD 300 (proof of residency may be required).
2. You must live within the defined D300 middle school attendance boundaries of Dundee Middle School or Carpentersville Middle School to be bused to St. Catherine's School.
3. You must live more than 1 ½ miles from your parochial school and since AM routes are shared with the D300 middle school routes you must live more than 1 ½ miles from your neighborhood D300 middle school. Those living less than 1 ½ miles from the MIDDLE school will walk to the MIDDLE school for transportation to the parochial school unless the area has been determined a serious safety hazard.
4. The district cannot accommodate multiple bus stop requests. Students are allowed one pick-up location and one drop-off location within the school attendance zone.

Must indicate: Bus AM & PM Bus AM ONLY Bus PM ONLY

Bus routes and bus stops are determined by a student's home address or the address of the student's before and after school day care provider. *Do not provide intersections or current bus stops in place of address information.*

Name of Student: _____
(PRINT) Last First MI

Male: _____ Female: _____ Grade Level _____ (Indicate am, pm, or full day kdg)

Name of Parent/Guardian: _____ Home Phone: _____

Cell: _____ (PRINT) Birth Date _____

Home Address: _____
(PRINT) Please provide complete address including N, S, E, W, and street type, i.e., avenue, street, court, lane, etc.

City: _____ Zip Code: _____
(PRINT) If you reside in the 60118 zip code, please indicate whether it's East Dundee, West Dundee, or Sleepy Hollow

Complete the section below ONLY if the student's pickup and/or drop-off address is different from the home address shown above.

Name of before school day care provider: _____	
Pickup Address: _____	Provide complete address including N, S, E, W, and street type, i.e., avenue, street, court, lane, etc.
City: _____	Zip Code: _____ Phone: _____
If provider is in the 60118 zip code, please indicate whether it's East Dundee, West Dundee, or Sleepy Hollow	
Name of after school day car provider: _____	
Drop-off Address: _____	Please provide complete address including N, S, E, W, and street type, i.e., avenue, street, court, lane, etc.
City: _____	Zip Code: _____ Phone: _____
If provider is in the 60118 zip code, please indicate whether it's East Dundee, West Dundee, or Sleepy Hollow	

New requests or changes made after July 09 cannot be guaranteed bus transportation at the start of school.

Date Received at CUSD 300: _____