

Kenosha Unified School District

Student Transportation Request

ID#

For Office Use Only

Student Information:

Name: _____
 First Middle Last

Gender: Male Female Birthdate: _____
 Month Day Year

School: _____
(If All Saints, please specify which campus)

Grade: 4K(AM) 4K(PM) K 1 2 3 4 5 6 7 8 9 10 11 12

Address: _____
 House # Street/Avenue City State Zip code

Parent/Guardian Information:

Name(s): _____
 First Last

Mailing Address: _____
(If different than above) House # Street/Avenue City WI Zip code

Phone: _____ Cell House

Relationship to Student: _____ Date: _____