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: _____

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 State Zip Code

Phone: _____ Cell House

Relationship to Student: _____ Date: _____