



WAUCONDA COMMUNITY UNIT
SCHOOL DISTRICT 118

555 North Main Street, Wauconda, Illinois 60084-1299, (847) 526-7690, Fax (847) 526-1019, www.cusd118.lake.k12.il.us
First Class Schpols • Wauconda Grade • Robert Crown • Cotton Creek • Wauconda Middle • Matthews Middle • Wauconda High

Superintendent of Schools
Dr. Daniel J. Coles

Associate Superintendent
Business Services
William Harkin

Assistant Superintendent
Curriculum & Instruction
Laura Beltchenko

Assistant Superintendent
Special Education
Janis Morgan

Assistant Superintendent
Human Resources
James LePage

Dear Parents;

Wauconda Community Unit School District #118 offers parents of students the option of having their children picked up and/or dropped off at their daycare/babysitter within their assigned school's transportation area. The exceptions to this regulation are those students assigned to Robert Crown School that attend E.T.C., Messiah Lutheran or Turtle Express daycare centers. Also, exceptions are made for those students who qualify for special education programs that require attendance at Wauconda CUSD 118 schools that are not currently their assigned home school. This service is only available on a **five day a week (Monday through Friday)** schedule. The only **exception** to this five day a week schedule is on Friday mornings due to the District's Late Start staff development program.

If you would like to avail yourself of this service, please fill out the form below and return to the main office at your child's school. **(NOTE: This form is not a request for pay for bus service. Pay for bus service requests will be available at each school.)**

Diana Mikelski
Supervisor of Transportation

PICK UP: _____ DROP OFF: _____ BOTH _____ START DATE: _____

STUDENT NAME(S): _____ GRADE: _____

PARENT NAME: _____ DATE: _____

YOUR ADDRESS: _____

PHONE: _____

CHILDCARE PROVIDER'S NAME: Wauconda Park District Club

PROVIDER'S ADDRESS: 225 Osage Street
Monday - Friday

Wauconda, IL 60084

PROVIDER'S PHONE 847-707-3613

FRIDAY AM ONLY CHILDCARE PROVIDER

PROVIDER ADDRESS: _____

PROVIDER PHONE: _____

Revised 05/11