

TRANSPORTATION REGISTRATION 2017-18
 WILMETTE PUBLIC SCHOOLS, DISTRICT #39
 615 Locust Road
 Wilmette, Illinois 60091
 847-256-2450
 847-256-1782 FAX

\$575.00 Round Trip *
 \$333.00 One-way

Transportation fees are \$575.00 per rider for round-trip and \$333.00 per rider for one-way transportation for registrations received by July 1st. Registrations received after July 1st will be assessed a late fee - \$100 for round trip and \$50 for one way. Any registration received after July 1st will be accepted only if space is available. If space is not available, students will be placed on a wait list for the appropriate route. **For Grades 1-4 please indicate if you would like service after the 2:15 dismissal, or the 3:15 dismissal on Fridays.**

Students Name (Include first and last name)	Grade	School	Round Trip or One Way (Check one box per child)				Fee	
			<input type="checkbox"/> Round Trip	<input type="checkbox"/> 2:15 PM <input type="checkbox"/> 3:15 PM	<input type="checkbox"/> AM only	<input type="checkbox"/> PM Only	<input type="checkbox"/> 2:15 PM <input type="checkbox"/> 3:15 PM	
			<input type="checkbox"/> Round Trip	<input type="checkbox"/> 2:15 PM <input type="checkbox"/> 3:15 PM	<input type="checkbox"/> AM only	<input type="checkbox"/> PM Only	<input type="checkbox"/> 2:15 PM <input type="checkbox"/> 3:15 PM	
			<input type="checkbox"/> Round Trip	<input type="checkbox"/> 2:15 PM <input type="checkbox"/> 3:15 PM	<input type="checkbox"/> AM only	<input type="checkbox"/> PM Only	<input type="checkbox"/> 2:15 PM <input type="checkbox"/> 3:15 PM	

Home Address/City/Zip _____

Home Phone Number _____

Email Address _____

Parent (Guardian) Signature _____ Date _____

Sub Total

Late Fee
Add for registration after
July 1st, 2017

Grand Total

Kindergarten Enrichment _____

Name

Address

Phone Number

Days Student Attending KE (Please circle) M T W TH F

See reverse side for payment methods.

Method of Payment

Check Number: _____

Credit Card: _____ Discover _____ Visa _____ MasterCard

Amount:\$ _____ Credit Card Number: _____ Expiration Date: ____/____

Print Cardholder's Name _____ Signature _____ Date _____
