

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 1<sup>st</sup> will be assessed a late fee - \$100 for round trip and \$50 for one way. Any registration received after July 1<sup>st</sup> 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<br>(Include first and last name) | Grade | School | Round Trip or One Way<br>(Check one box per child) |  |                                  |                                  | Fee   |
|--|-------|--------|--|--|----------------------------------|----------------------------------|---|
|  |       |        | <input type="checkbox"/> Round Trip                | <input type="checkbox"/> 2:15 PM<br><input type="checkbox"/> 3:15 PM | <input type="checkbox"/> AM only | <input type="checkbox"/> PM Only | <input type="checkbox"/> 2:15 PM<br><input type="checkbox"/> 3:15 PM  |
|  |       |        | <input type="checkbox"/> Round Trip                | <input type="checkbox"/> 2:15 PM<br><input type="checkbox"/> 3:15 PM | <input type="checkbox"/> AM only | <input type="checkbox"/> PM Only | <input type="checkbox"/> 2:15 PM<br><input type="checkbox"/> 3:15 PM  |
|  |       |        | <input type="checkbox"/> Round Trip                | <input type="checkbox"/> 2:15 PM<br><input type="checkbox"/> 3:15 PM | <input type="checkbox"/> AM only | <input type="checkbox"/> PM Only | <input type="checkbox"/> 2:15 PM<br><input type="checkbox"/> 3:15 PM  |
| Home Address/City/Zip _____                    |       |        |  |  |                                  |                                  | Sub Total   |
| Home Phone Number _____                        |       |        |  |  |                                  |                                  | Late Fee<br>Add for registration after<br>July 1 <sup>st</sup> , 2017 |
| Email Address _____                            |       |        |  |  |                                  |                                  | Grand Total   |
| Parent (Guardian) Signature _____ Date _____   |       |        |  |  |                                  |                                  |   |

|   |         |              |   |    |   |
|---|---------|--------------|---|----|---|
| 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 \_\_\_\_\_

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