

# FIRST STUDENT TRANSPORTATION

2800 Old Willow Road Northbrook, Illinois 60062 (847) 724-7200

2009-2010

WEST NORTHFIELD SCHOOL DISTRICT NO. 31

Winkelman and Field Schools

In order to assure proper credit, please include this form with your payments.  
If you need additional forms, feel free to photocopy. Additional copies may be obtained at [www.district31.net](http://www.district31.net).

SCHOOL: Winkelman \_\_\_ Field \_\_\_ Grade: \_\_\_ Kindergarten AM \_\_\_ PM \_\_\_ (Route # supplied by bus company) \_\_\_\_\_

STUDENT NAME \_\_\_\_\_ PARENT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP \_\_\_\_\_ Phone \_\_\_\_\_

**\*\*\*EARLY BIRD REGISTRATION OFFERS A \$35 DISCOUNT IF REGISTRATION AND PAYMENT IN FULL ARE RECEIVED BY **JUNE 26, 2009****

## TYPE OF SERVICE: Check one

- ROUND TRIP Full Payment \$ 400.00 (\$435.00)\*\*\*
- ROUND TRIP 2-Pay Plan \$ 217.50 EACH PAYMENT (2<sup>ND</sup> PAYMENT DUE **11/01/09**)  
If using the 2 Pay plan you will need to either have a credit card on file for the second payment or a pre-dated check for **November 1, 2009**.
- 1-WAY TRIP Full Payment (all grades) \$ 250.00 (\$285.00)\*\*\* **FULL PAYMENT ONLY**  
\_\_\_\_\_ To school \_\_\_\_\_ From school

I understand that by signing this registration agreement for bus service with First Student Transportation during the 2009-2010 school year that my child must conform to all FST rules and regulations. **I understand that I am contracting school bus service for the entire school year (August 2009– June 2010) ONLY.** I understand that refunds will be issued only to students who withdraw from their school. All refund requests will be reviewed on an individual basis, with refunds processed at the discretion of District 31 business office. There are **NO EXCEPTIONS** to the refund rule, and all refunds are subject to a \$15.00 cancellation penalty. All installment payments are to be made on or before **November 1, 2009**. I further understand that my child's riding privileges may be revoked if he/she engages in one of the following: transferring bus pass to another student, insubordination or verbal abuse directed toward a driver, continual lost/stolen/misplaced bus passes, inappropriate behavior, and vandalism, for which I accept responsibility and the cost of repairing the damages.

SIGNED (Parent or Guardian): \_\_\_\_\_ Date: \_\_\_\_\_

## Payment Type:

- Cash
- Check (**Please make check payable to School District 31**)
- Credit Card: Charge to (circle one) Visa Mastercard Discover Charge Amount \_\_\_\_\_

Card Number \_\_\_\_\_ V-Code (Last 3 digits on back of card) \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name as it appears on card (Please print) \_\_\_\_\_

Signature of authorized user \_\_\_\_\_

Phone number of contact person during business hours: \_\_\_\_\_

