## Northbrook/Glenview School District 30 Wescott, Willowbrook & Maple Schools School Year 2018-2019



RETURN TO J

Parent or Guardian of

	PLEASE PRINT CLEARLY:					_	School Bus Registration		
School:	☐ Wescott ☐ Willowbrook ☐ Maple					Na	Name of Parent:		
Grade:							Home Phone:		
Student:	First	Last				Bı	usiness Phone:		
Address:						Pa	rent's E-Mail:		
City:			Zip:			Ro	oute Assigned:	Office use only	
TYPE OF SERVICE  ROUND TRIP FULL PLAN:  ROUND TRIP 2-PAY PLAN:  ONE-WAY (2-PAY PLAN NOT AVAILABLE)  MAPLE BAND ONLY:  ACTIVITY ONLY:  KINDERGARTEN SHUTTLE (To\From Wescott & Willowbrook)  OUR STUDENT IS GOING TO USE THE MAPLE BAND BUS  Round trip registrants will receive seating priority.  One-Way Service is offered on a first come, first served basis subject to seating availability.  Payment by Check or Money order only. Must be submitted with registration in order to process.  NOTE: \$50.00 late fee if payment is received after 7/20/18  **BUS ROUTE FREEZE**  Due by JULY 20, 2018  **Bus by July 20, 2018  **Due by JULY 20, 2018  **Due by JULY 20, 2018  **Due by JULY 20, 2018  **Bus edited by July 20, 20, 2018  **Bus edited by July 20, 20, 20  **Bus edited by July 20									
	mined using bus re	gistration inf	ormat	ion receive	d by	July 2	20, 2018. Late	en do not change. e registrations or new er 17, 2018 if needed.	
	to more accurately	y track the a	rrival t	ime of the	bus	daily.		o for your smartphone additional cost to you	
all First Student rules and regrefund requests will be review prorated on the date that the to be made on or before Nove	gulations. I understand that wed on an individual basis, v request AND bus pass is recommoder 30, 2018. Late fees of ges may be revoked if he/sho	I am contracting so with refunds process eived at the First S can only be waived be engages in one of	chool bus ssed at the tudent off by the D f the follo	service for the or discretion of Fi ice. There are istrict. There w wing: transferri	entire irst Str NO Exill be a ing his	School Yadent and XCEPTI a \$64.00 /her bus	Year (August 2018 d the District 30 bu ONS to the refund handling charge fo	eing that my child must conform t – June 2019). All cancellation siness office. Refund amounts ar rule. All installment payments ar or NSF checks. I further understar dent; insubordination or verbal	
SIGNI	ED:	(Parent or G					DATE: _		