

**South Central Transit
School Transportation Registration Form
2010-20011**

Child's Information (please Print clearly):

Last Name: _____ First Name: _____

Home Address: _____

City: _____ State: IL Zip Code: _____

Date of Birth: _____ Ethnic Origin: () African American () Hispanic
() Caucasian

Check One: () Male () Female

Check One: () Ambulatory () Wheelchair

(All Information Required)

Parent's Information (please Print clearly):

Parent/Guardian: _____

Home/Message Phone: _____ Work Phone: _____

Emergency Contact Person #1: _____ Phone: _____

Emergency Contact Person #2: _____ Phone: _____

(Emergency contact must be provided)

Please Read the Following Carefully:

All Child passes are a flat rate of \$40.00 for a monthly pass regardless of whether service is one-way or round trip-prescheduled transportation only. Family discounts are no longer available due to the rising cost of fuel.

Payment for child's monthly pass is due by the 18th of the month for the following month's service. A grace period of 7 days will be allowed. If payment is not received by the close of business on the 25th, we will make your child's seat available to the next person on the waiting list.

****Please Note: If the due dates fall on the weekend or holiday, payment will be due the business day after.***

Parent's Signature: _____ Date: _____

SCT OFFICE STAFF TO FILL OUT:

AM Pick-up: _____ AM Destination: _____

PM Pick-up: _____ PM Destination: _____

Days to Ride: Mon Tues Wed Thurs Fri Start Date: _____