



2020-2021 Application for Paid Transportation (not eligible for free bus service)

School District 54 provides free bus transportation for students who live 1.5 miles or more from their attendance center or within an approved hazard area. For student living less than 1.5 miles from their attendance center, parents/guardians may pay for bus service on an annual basis by submitting this application along with the appropriate fee.

STUDENT NAME: _____ SCHOOL: _____

PARENT/GUARDIAN NAME: _____

ADDRESS: _____

CITY, ZIP: _____ DATE OF APPLICATION: _____

If pick up/drop off is to be determined by an address other than your home address, please complete the section below. This must be within the attending school boundary. To verify the address is within the attending school boundary call (847) 357-5104.

Day Care Pick Up

Day Care Provider: _____ Phone: _____

Address: _____ City: _____

Day Care Drop-off

Day Care Provider: _____ Phone: _____

Address: _____ City: _____

Payment in full must be enclosed with the application. If applying for more than one student (immediate family only), return all applications with appropriate fee checked. You may pay by cash (**exact change only**), check, money order, MasterCard or Visa. **Pay by July 15th to receive a \$50 early-bird discount.** If your application and fee are not received by July 15, 2020 you will only receive busing if there is space available on the route and you agree to an existing stop already established on the route.

Payment received by July 15, 2020 \$475 for 1 child \$600 for 2 children \$700 for 3+ children

Payment received after July 15, 2020 \$525 for 1 child \$650 for 2 children \$750 for 3+ children

2019-2020 school year credit amount \$ _____ (as determined by previous communication with Transportation).

Check or money order should be payable to School District 54.

Check # _____

If paying by check send to: Schaumburg CCSD #54, Dept. 20-1021, P.O. Box 5940, Carol Stream, IL 60194-5940. If the bank returns your check to us, you will be assessed a fee of \$12.00 (subject to change). You will be required to make payment by certified check, money order or credit card for the full amount plus the NSF charge to avoid your child's bus pass from being revoked.

If paying by credit card send to: School District 54, Transportation Services, 524 E. Schaumburg Rd, Schaumburg, IL 60194. Please do not sent credit card information through email or fax.

Payment may also be made in person at the Rafferty Administration Center, 524 E. Schaumburg Road, Schaumburg, Illinois. Our office is closed to outside visitors. You may place your application and payment in the drop box at 524 E. Schaumburg Road (door F1), Schaumburg, Illinois.

MasterCard or VISA accepted (check one) MasterCard Visa

Cardholder Name: _____

Billing Address (if different than above): _____

Credit Card Number: _____ 3 digit security code (on back of card): _____ Expiration Date: _____

Cardholder Signature _____ Date: _____

Office Use Only

Student ID # _____ Busing begins: _____ Bus route: _____ Amount Paid: _____