

GLENBARD TOWNSHIP DISTRICT #87
FEE-BASED BUSING APPLICATION FORM

Date Submitted: _____

School: _____ School Year: _____

Student Name: _____ ID #: _____ Grade: _____

Student Name: _____ ID #: _____ Grade: _____

Student Name: _____ ID #: _____ Grade: _____

Address: _____
Street City Zip

Parent/Guardian Name: _____ Phone #: _____

Existing Bus Route: _____

Existing Bus Stop: _____

By signing below and submitting this request, I agree to participate in the Glenbard District 87 fee-based busing program and agree to pay the annual fee set yearly by the Board of Education. I understand that this program is based on space available as set by Board Policy 4:110-R1 and that my child(ren)'s eligibility can be revoked if the number of bus riders eligible for free service reaches capacity. Should this occur, my fees will be refunded on a prorated basis. I further understand that my child(ren) must receive the bus at an already and regularly established bus stop. I also agree that my child(ren) will abide by all of the bus rules and regulations and that my child(ren)'s privileges to ride the bus may be revoked for inappropriate behavior or infractions of the rules, as determined solely in the School District's discretion. There will be no refund of fees if privileges are revoked for disciplinary reasons.

Finally, I accept full responsibility for my child(ren)'s safety when determining which bus stop is the most appropriate.

Parent/Guardian Signature Date

For District Office Use Only

Approved: Yes _____ No _____

Director of Transportation Date

Fee: \$ _____ Date Paid: _____