

St. Edward

CENTRAL CATHOLIC HIGH SCHOOL



335 LOCUST STREET
ELGIN, ILLINOIS 60123
phone: 847/741-7535
fax: 847/695-4682
www.stedhs.org

Transportation Request Form – 2016-2017

Student Name _____

Class (Circle One)
9 10 11 12

\$3,000 per year for AM/PM
This includes a round trip to and from school; door to door pickup and drop off is only available in some areas and will be determined by the number of student requests for each designated route.

Please check the appropriate box for your child's transportation request.

AM only:	PM only:	Both AM & PM:
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Payments must be paid in full by **July 15, 2016**. A student will not be placed on a route until the payment has been received. Students riding both ways will have first preference. We cannot guarantee door-to-door pick up of students.

Please make a separate check for payment of transportation: (all checks should be payable to St. Edward High School)

Parent's name: _____

Date: _____

Address: _____

City: _____ Zip: _____

Phone:(home) _____ (work) _____ Parent's

Signature: _____

If you have any questions regarding transportation please contact Mrs. Schroeder in the school Business Office at 847.741.7536 extension 104.