



**ST. PAUL**

**CATHOLIC SCHOOL**

**Odell, IL**

**300 S. West St. - 60460**

**815.998.2194**

**schooloffice@saintpaulodell.com**

## **Bus Rider Form**

**2023-2024**

Bus Rider Name(s): \_\_\_\_\_

\_\_\_\_\_

Campus or Dwight bus?: \_\_\_\_\_

Address **Campus** bus will pick up/drop off at: \_\_\_\_\_

\_\_\_\_\_

Parent Name & Phone #: \_\_\_\_\_

Parent Name & Phone #: \_\_\_\_\_

**\*\*Dwight riders\*\*** Other than a parent, please list the individuals that are authorized to pick up your child at dismissal: \_\_\_\_\_

\_\_\_\_\_

**\*\*ALL riders\*\*** Other than a parent, please list an emergency contact & phone number who would be available at pick up time: \_\_\_\_\_

\_\_\_\_\_

I agree to pay a **monthly** fee for bus service from Dwight or Campus/Emington. The monthly fee will be \$100 for one child, \$125 for two children, and \$160 for three children. The fee will be paid at the beginning of each month or can be paid in a lump sum for the whole year. I understand that my child/children need(s) to follow the bus rules listed in the school handbook at all times in order to be eligible for bus transportation. I understand that I will need to let the drivers know if my child/children will not be riding (**in a timely manner**) so they will not be waiting for them. I also understand that the bus will not travel on days when it has been determined to be unsafe road conditions, and I will need to get my child/children to school.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*Bus routes and pick up times will be determined once registration has been completed.\*\***

**\*\*Dwight drop off/pick up is the St. Patrick's Church Parish Hall parking lot only.\*\***