



PEARL CITY C.U.S.D. #200

100 S. Summit

Pearl City, Illinois 61062

815-443-2715

Fax - 815-443-2237

KELLY MANDRELL
JH/HS Principal

CHRISTINA WALLACE
Elementary Principal

Transportation

Parents'/Guardian's Names: _____

Address: _____

Students' Names and Grade _____

Do you want transportation for the 2018-2019 school year? Yes No

If "no", please sign the bottom.

If "yes", please continue to fill out the rest of the form.

Please circle the following:

My child(ren) will ride the bus AM/PM AM only PM only

My child(ren) will ride the bus All the time Most of the time

My child(ren) will be picked up At home At another location

That address is _____

My child(ren) will be dropped off At home At another location

That address is _____

Parents'/ Guardian's Signature

Date

The best way to contact me to tell me about the bus route is through: email phone.

My email is: _____

My number is: _____

******Please return this form by July 23rd . ******