



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

100 S. Summit

Pearl City, Illinois 61062

815-443-2715

Fax - 815-443-2237

TIM THILL  
Superintendent

KELLY MANDRELL  
JH/HS Principal

CHRISTINA WALLACE  
Elementary Principal

## Transportation

Parents'/Guardian's Names: \_\_\_\_\_

The following student(s)

\_\_\_\_\_ will not need transportation for the 2016-2017 school year.

(If you do not need transportation, fill in the line above and sign the bottom)

Address: \_\_\_\_\_

Students' Names and Grade \_\_\_\_\_

\_\_\_\_\_

### **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 25<sup>th</sup>.\*\*\***