SCHOOL PAID TRANSPORTATION

Transportation Request & Payment Selection Form

Complete applicable fields and select one payment option.

EAST AURORA SCHOOL DISTRICT 131

STUDENT INFORMATION

Student Name _____ Student ID _____

School _____ Grade _____ School Year _____

Date of Application _____

PARENT / GUARDIAN INFORMATION

Parent/Guardian Name _____

Phone Number _____ Email Address _____

HOME ADDRESS

Street Address _____

City _____ State _____ ZIP _____

PAYMENT OPTION — SELECT ONE

☐ Full payment **$575**

☐ Split payment Semester 1: **$287.50** Semester 2: **$287.50**

☐ One-way transportation **$287.50**

Select one-way direction: ☐ AM (to school) ☐ PM (from school)

ACKNOWLEDGMENT

I understand that transportation and payment arrangements are subject to district approval.
I understand that if there is no availability on your designated neighborhood route,
your payment will not be processed. I certify that the information provided is accurate.

Parent/Guardian Signature _____ Date _____

TRANSPORTATION OFFICE USE ONLY

Approved By _____ Date Received _____

Payment Status: ☐ Received ☐ Pending ☐ N/A

TRANSPORTATION DETAILS

AM Bus Stop _____ AM Bus Route _____ AM Pick Up Time _____

PM Bus Stop _____ PM Bus Route _____ PM Drop Off Time _____