

**KANSAS CENTRAL SCHOOL BUS
PAY-RIDER BUS TRANSPORTATION ENROLLMENT FORM**

Phone: (913)294-9610

After Hours Emergency: (816)258-0267

Address: 1705 Industrial Park Drive, Paola KS 66071

Manager: Kitty Anderson - k.anderson@illinois-central.com or USD368Trans@illinois-central.com

Please list all students enrolling in the Pay-Rider program

Student ID	Student First Name	Student Last Name	Grade Level	School

Student(s) will ride, please place an "x" AM Only PM Only AM&PM

Student(s) Residence Address: _____

Parent/Guardian Information

Name: _____ Work #: _____ Cell #: _____
 Name: _____ Work #: _____ Cell #: _____
 Emergency Contact _____ Cell #: _____

Payment Information

Payment Type: _____ (Visa, American Express, M/C, Other)

Card Holders Name: _____

Card Holders Phone: _____

Billing Address: _____

Billing City: _____

Billing State: _____ Billing Zip Code: _____

Credit Card Number: _____

Credit Card Expiration: _____

CW Number: _____

Payment Amount:

Please email completed form to USD368Trans@illinois-central.com

Received	Date	<input type="text"/>	Time	<input type="text"/>	Bus Assignment	<input type="text"/>	
					Stop Assignment	<input type="text"/>	

Notes: