

APPLICATION FOR IN-TOWN BUSING

2017-2018

Parent/Guardian Information

Date: _____

Parent/Guardian Name: _____ Phone #: _____

Street Address: _____ City: _____

Number of School-aged Children in Household: _____

Ridership Information

1st Child's Last Name: _____ First Name: _____ Grade: _____

2nd Child's Last Name: _____ First Name: _____ Grade: _____

3rd Child's Last Name: _____ First Name: _____ Grade: _____

4th Child's Last Name: _____ First Name: _____ Grade: _____

NOTICE: I agree to pay \$80 for the one child; \$80 for the second child; and \$40 for the 3rd child with a maximum payment being no more than \$200/family for the year.

Parent/Guardian Signature: _____

Date: _____

(For Office Use Only)

Amount Paid: _____

Bus No.: _____

Date Paid: _____

Pick-up/Drop Off: _____

TAG #: _____

Sign Off: _____