

NEW STUDENT

QUESTIONNAIRE REGARDING TRANSPORTATION

I would like bus transportation for my child:

_____ Yes _____ No

If your child resides less than 1.5 miles from the school your child is attending, there will be a transportation fee of \$200.00. This fee **MUST** be paid before your child can ride the bus.

STUDENT NAME _____ SCHOOL & GRADE: _____

ADDRESS: _____

PARENT SIGNATURE: _____

PHONE NUMBER(S) _____

Please circle **HOME** or **OTHER** for the address where you would like your child to be picked up before school. If you choose **OTHER**, please write address on space provided.

Pick Up Location from **HOME** or **OTHER** _____

Please circle **HOME** or **OTHER** for the address where you would like your child to be dropped off after school. If you choose **OTHER**, please write address on space provided.

Drop Off Location from **HOME** or **OTHER** _____

FOR OFFICE USE ONLY:

Payment Received YES NO Fee Waived

AM ½ Day Student PM ½ Day Student Full Day Student

Transportation Start Date _____ Date _____

Signature of Employee _____