

APPLICATION FOR IN-TOWN BUSING

2020-2021

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. All bus passes are non-refundable.

Parent/Guardian Signature: _____

Date: _____

(For Office Use Only)

Amount Paid: _____ Bus No.: _____

Date Paid: _____ Pick-up/Drop Off: _____

TAG #: _____

Student Transportation Operations (Subject to Change)

- ❖ Students and drivers are required to wear face coverings/masks while on the bus.
- ❖ Students will utilize hand sanitizer upon loading the bus.
- ❖ No student will sit in the first seat behind the driver.
- ❖ Loading and unloading will be strategic to minimize student contact.
- ❖ Family and grade cohorting when possible.