

FEE-BASED TRANSPORTATION
Parent/Guardian Request

STUDENT NAME: _____

Address: _____

Grade: _____ Age: _____ School: _____

SCHOOL YEAR: _____

EXISTING BUS ROUTE: _____

EXISTING BUS STOP: _____

Date Submitted: _____

By signing below and submitting this request, I agree to participate in the CCSD 89 fee-based transportation program and agree to pay the annual fee set by the Board. I understand that this program is based on available space and that my child(ren)'s eligibility can be revoked if the number of bus riders entitled to free service reaches the maximum. Should this occur, my fees will be refunded on a prorated basis. I also agree that my child(ren) will abide by all of the bus rules and regulations and thereby understand that my child(ren)'s privileges to ride the bus may be revoked for inappropriate behavior or infractions of the rules. There will be no refund of fee if privileges are revoked for disciplinary reasons.

Finally, I accept full responsibility for my child(ren)'s safety when determining which bus stop is the most appropriate. CCSD 89 does not want children crossing busy streets or highways to access a bus stop.

Parent/Guardian Signature

Date

For Office Use Only

Approved: Yes _____ No _____ (If no, provide the reason below)

Fee: _____ Paid: Yes _____ No _____

Processed by: _____

Approved by: _____