

**MAMARONECK SCHOOL DISTRICT**

**DISCOUNTED BEE LINE BUS PASS**

If you would like to participate, please return this form and your payment made **payable to Mamaroneck UFSD** by the 10<sup>th</sup> day of the month preceding the month you would like the pass.

**Important Note: If Payment is not received before the next month starts you will be cancelled.**

**Please return this form with your payment to:**

**MHS – Return to Christine Coppola – Principal’s Office**

**Hommocks – Return to Theresa Silver – Principal’s Office**

I am requesting a discounted Bee Line bus pass for my child. I am aware that I am responsible for the **\$58.00 monthly payment** in advance of each month and that no refund will be issued once a bus pass is purchased. (You may pay for more than one month at a time, please indicate below the months for which you are paying for)

**PLEASE PRINT:**

**Student Name:** \_\_\_\_\_

**Parent E-Mail:** \_\_\_\_\_

**Parent Phone Number:** \_\_\_\_\_

**Student School:** \_\_\_\_\_

**Month of:** \_\_\_\_\_

**Amount Enclosed: \$** \_\_\_\_\_ **Circle One: CASH CHECK**

**Parent Signature:** \_\_\_\_\_