



2022-2023

Pay-to-Ride Application/Agreement

PLEASE PRINT CLEARLY:

SCHOOL: _____

PARENT NAME: _____ HOME PHONE: _____

ADDRESS: _____ WORK PHONE: _____

CITY: _____ ZIP: _____ EMAIL ADDRESS: _____

STUDENT NAME: _____ GRADE: _____

STUDENT NAME: _____ GRADE: _____

STUDENT NAME: _____ GRADE: _____

STUDENT NAME: _____ GRADE: _____

- **ONE STUDENT:**
 - ❖ **PAYMENT** (due when seat availability is confirmed) **\$225.00**
- **FAMILY CAP FOR TWO OR MORE STUDENTS:**
 - ❖ **PAYMENT** (due when seat availability is confirmed) **\$450.00**

PLEASE MAKE CHECKS OR MONEY ORDERS PAYABLE TO SAFE-WAY BUS CO. Visa or Mastercard will be accepted by contacting our Transportation Office at 651-457-9474.

Submit application to:

South St. Paul Public Schools
District Office – Attn: Erika Ryan
104 5th Avenue South
South St. Paul, MN 55075

I understand that by signing this registration agreement for bus service with Safe-Way Bus Co. my student must conform to all Safe-Way rules and regulations. If payment is not received by the start of service or if improper payment is made, my student’s riding privileges will be revoked. No refunds will be given and there will be \$35.00 handling charge for NSF checks. ***This service is provided on a first-come, first- served basis with a limited number of seats available. Pay-to-Ride service is subject to availability and a delayed start of October 1 or later.***

I further understand that my child’s riding privileges may be revoked if he/she engages in any of the following: transferring bus pass to another student, insubordination or verbal abuse directed towards a driver, or vandalism (to which I accept responsibility and cost of repairing the damages).

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____