



Transportation Contract – Bishop Snyder High School 2024 – 2025 School Year

1st Rider's Name _____ Grade _____

2nd Rider's Name _____ Grade _____

Address _____
Street City Zip

Father/Guardian's Name: _____ Cell Phone _____

Father's Email _____

Mother/Guardian's Name: _____ Cell Phone _____

Mother's Email _____

Location/Route: *(locations are subject to change if necessary)*

#1 – North Mandarin/Southside

- _____ Walgreens – 8917 San Jose Blvd., Jacksonville 32257
- _____ Holy Family Catholic School – 9800 Baymeadows Road, Jacksonville 32256
- _____ Bravoz Entertainment Center – 14985 Old St. Augustine Rd., Jacksonville 32258

#2 – Westside/South Mandarin

- _____ Sacred Heart Catholic School – 5752 Blanding Blvd., Jacksonville 32244
- _____ Winn Dixie – 11700 San Jose Blvd., Suite 12, Jacksonville 32223

#3 – Northside

- _____ Guardian Catholic School – 4920 Brentwood Blvd., Jacksonville 32206
- _____ St. Patrick Catholic School – 601 Airport Center Drive, Jacksonville 32218

#4 – Orange Park/Middleburg/Oakleaf

- _____ Wells Fargo Bank – 400 Blanding Blvd., Orange Park 32073
- _____ Annunciation Catholic School – 1610 Blanding Blvd., Middleburg 32068
- _____ Oakleaf Town Center Target – 9525 Crosshill Blvd., Jacksonville 32222

#5 – Downtown/Riverside/Westside

- _____ Assumption Catholic School – 2431 Atlantic Blvd., Jacksonville 32207
- _____ St. Paul Riverside Catholic School – 2609 Park Street, Jacksonville 32204
- _____ St. Matthew Catholic Church – 1773 Blanding Blvd., Jacksonville 32210

#6 – Baker County

- _____ Journeys Food Store – 9206 County Rd. 125, Glen St. Mary 32040

Ridership:

_____ Round Trip _____ One-Way (AM or PM only – circle one)

We, the undersigned parents, guardians or legal representative hereby request the Bishop John J. Snyder High School, Inc. allow our child(ren) to participate in the transportation program for the 2024-2025 school year. The undersigned parents, guardians or legal representatives hereby consent to the participation of the child(ren) named above in the transportation program.

Bishop John J. Snyder High School, Inc. will provide transportation beginning August 12, 2024 to June 4, 2025 for approximately 180 school days from designated pick-up site to Bishop John J. Snyder High School in the morning and from Bishop John J. Snyder High School to designated drop-off site in the afternoon.

All information included on the Application for Admission for the 2024-2025 school year will be used and applied to the Contract. All rules, policies and procedures outlined in the 2024-2025 *Parent Student Handbook*, as well as the *Transportation Program Handbook*, are in effect for students during their participation in the transportation program. All infractions, in addition to any possible consequences outlined in the handbooks, will be referred to the Dean of Students who has the right to dismiss a student from the program. If a student is dismissed from the program, there are no refunds.

Transportation will be provided by and take place under the guidance and supervision of employees of Bishop John J. Snyder High School, Inc. If you request that your child(ren) participate, please read, complete, sign and return this contract which includes your consent, as well as a full release of liability. As parent or legal guardian, you remain fully responsible for any acts of the named student(s).

For and in consideration of the student(s) being allowed to participate in this program, and other valuable consideration, the undersigned parents, guardians or legal representatives, on behalf of the student(s) and the student's parents, personal representatives, assigns, heirs, and next of kin, do hereby release and hold harmless Bishop John J. Snyder High School, Inc., its employees and agents of said parties engaged in this particular program, and their personal representatives or assigns, from any loss or damage on account of any injury to the person or the personal property, of the student(s), or death, caused by negligence or otherwise, while the student(s) are engaged in the bus transportation program. The undersigned expressly agree that this release, waiver and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Florida, and that if any portion of this agreement is intended to be as broad and inclusive as permitted by the laws of the State of Florida, and that if any portion of this agreement is held invalid, it is agreed that the balance shall notwithstanding, continue in full legal force and effect.

The undersigned parents, guardians, legal representatives further acknowledge that they are authorized to enter this agreement on behalf of the student(s), and the student's parents, personal representatives, assigns, heirs, and next of kin.

We request that the following persons be allowed to pick up our student(s) in the event we are unable to do so:

Name _____	Relationship _____	Phone _____
Name _____	Relationship _____	Phone _____
Name _____	Relationship _____	Phone _____
Name _____	Relationship _____	Phone _____

Any changes to this list must be communicated by the parent in writing or via the Cariina Parent app

Payment Agreement

We, the undersigned parents, assume financial responsibility of \$1,440.00 for round-trip transportation or \$960.00 for one-way transportation for the 2024-2025 school year. We understand and agree that the fee is a commitment, which is non-refundable. Special circumstances will be taken under consideration by the Director of Transportation on a case-by-case basis. A \$200.00 deposit is due with contractual agreement leaving a remaining balance of \$1,240.00 round trip or \$760.00 one-way due and payable as agreed below.

Payment Options: Choose one

_____ **Option #1: Pay in full** (Round trip: \$1,440; One-way: \$960)

_____ **Option #2: Pay the \$200 deposit now and pay the balance monthly through F.A.C.T.S.**
(Round trip: \$124 per month; One-way: \$76 per month) Payments start August 2024 and end May 2025. If registering after July 2024, monthly payments may be higher to meet the total balance due.

Payment Method: Choose one

_____ Check enclosed

_____ Visa/Mastercard/Discover/Amex (circle one)

Card Number: _____ **Expiration Date:** _____

Name on the card: _____ **CVC #:** _____

Agreement

We, the undersigned, have read the *Transportation Handbook*, agree to all the terms and conditions of this contract and to comply with all current policies, rules, and regulations of Bishop John J. Snyder High School, Inc. and any amendments or changes made to said policies, rules, and regulations at Bishop John J. Snyder High School's sole discretion.

We agree to pick up our student(s) at the designated time. Failure to do so may result in dismissal from the program.

We agree to download and use the Cariina Parent app.

1st Rider's signature _____

Date _____

2nd Rider's signature _____

Date _____

Father/Guardian's signature _____

Date _____

Mother/Guardian's signature _____

Date _____