

# APPLICATION FOR IN-TOWN BUSING

2024-2025

## Parent/Guardian Information

Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

Number of School-aged Children in Household: \_\_\_\_\_

## Ridership Information

1<sup>st</sup> Child's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Grade: \_\_\_\_\_

2<sup>nd</sup> Child's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Grade: \_\_\_\_\_

3<sup>rd</sup> Child's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Grade: \_\_\_\_\_

4<sup>th</sup> 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 3<sup>rd</sup> child with a maximum payment being no more than \$200/family for the year.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### (For Office Use Only)

Amount Paid: \_\_\_\_\_

Bus No.: \_\_\_\_\_

Date Paid: \_\_\_\_\_

Pick-up/Drop Off: \_\_\_\_\_

TAG #: \_\_\_\_\_

Sign Off: \_\_\_\_\_