



Cohasset Public Schools

Administration Office • 143 Pond Street • Cohasset, MA 02025
www.cohassetk12.org • Facsimile: 781-383-6507

Dear Parents/Guardians:

Effective for the 2026-2027 school year, the Cohasset Public Schools will continue to administer a fee-based transportation program.

The transportation cost is \$450.00 per student with a family cap of \$850.00. If received by June 30th, we can guarantee a seat. A waitlist will be started once the bus has reached its capacity. After June 30th, there will be an additional \$50.00 late charge.

If you choose to use the Cohasset Public School bus system, **you must register on MySchoolBucks or send an application for transportation by June 30th, 2026, regardless of whether a fee is imposed.** Additional information regarding the program is also available on the school's website, www.cohassetk12.org.

- The deadline for registrations is **June 30th, 2026.**
- Bus routes and staffing will be planned based on registrations received by June 30th, 2026.
- **Registrations received after June 30th will be placed on a waitlist and routes will be updated on or before October 1st.**
- BUS PASSES: Will be available on the Aspen portal on or before August 22nd, 2026. **All students must have their pass with them daily. No student will be allowed to board an afternoon bus without a valid bus pass.**
- BUS ROUTES: Bus routes will be posted on the Cohasset Schools website at: www.cohassetk12.org

The bus drivers and transportation staff look forward to a safe and successful year. We appreciate your support in our efforts to provide transportation for your child.



APPLICATION FOR TRANSPORTATION 2026-2027

Please use one form for each student you are registering for transportation

Please check the appropriate box below:

_____ I am the parent or guardian of a student(s) in Grades K-6, who lives more than two (2) miles from their designated school, and we request **no-fee** transportation provided by Cohasset Public Schools.

_____ I am the parent or guardian of a student(s) in Grades K-6, who lives less than two (2) miles from their designated school, and we request **fee-based** transportation provided by Cohasset Public Schools.

_____ I am the parent or guardian of a student(s) in Grades 7-12, and we request **fee-based** transportation provided by Cohasset Public Schools.

Parent's Name: _____	Address: _____
Primary Phone: _____	Secondary Phone: _____
E-mail Address: _____	

I wish to participate in the program.

STUDENT INFORMATION

Please include students First *and* Last Name

Student's First and Last Name:	School:	Grade (9/2026):

Please return this completed application and payment, if necessary, **NO LATER THAN June 30th, 2026**, to Cohasset Public Schools, **Transportation Department**, 143 Pond Street, Cohasset, MA 02025 or email to CPSBus@cohassetk12.org

Parent/Guardian Signature: _____ Date: _____