

CHOICE TRANSPORTATION SELECTION FORM

☐ Yes, I want my child to ride a shuttle bus for the 2026-27 school year.

Child's Name:

ID#

School Attending:

STEP 1: Select your preferred shuttle stop.

ICS / Stella Schola (AM / PM)

☐ **#1A** Redmond Elementary (AM / PM)

☐ **#1B** Inglewood Middle (AM / EHS PM)

☐ **#1C** Evergreen Middle (AM) / Dickinson (PM)

EAS (AM / PM)

☐ Mead Elementary (AM / PM)

☐ Evergreen Middle (AM / PM)

☐ Rockwell (AM) / RHS (PM)

STEP 2: Payment Option – For 2026-27 school year, we are only accepting ACH payments; the first payment will be deducted on September 7th.

☐ Automated Clearing House (ACH) withdrawal (10 monthly installments)

STEP 3: Parent/Guardian Signature, Name, Address and primary phone number

Parent/Guardian Signature:

Parent/Guardian Name – (Please Print):

Address:

City, State, Zip:

Parent/Guardian email:

Primary Phone:

Step 4: Return forms by Friday June 19th to:

Lake Washington School District
Attn: Business Services – Choice Transportation
P.O. Box 97039
Redmond, WA 98073-9739

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS
(ACH WITHDRAWALS)

Parent/Guardian Name _____
(Please Print)

I/we hereby authorize the Lake Washington School District #414 to initiate debit entries from my/our bank account. This debit will be for:

_____ \$45.00 per month for 10 months (\$450.00 total)

This deduction will occur on the 6th calendar day of each month starting September 8, 2026 with the last deduction taken on June 7, 2027. If the 6th falls on a weekend or holiday, the funds will be drawn on the next business day. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Required Parent/Guardian Information:

Financial Institution: _____

Routing Number: _____

Account Number: _____

This authorization is to remain in full force and effect until July 31, 2027 or until written notification of change or termination is received by the Lake Washington School District of change.

ATTACH VOIDED CHECK HERE