

2023-2024 APPLICATION BUS TRANSPORTATION SERVICES

Name of Parent(s)/Guardian _____ **Bus Stop Location** _____

Street Address _____ City _____ Zip Code _____

Main Phone _____ Other _____ Email _____

Please make sure that your correct email address is also listed in your FACTS Parent Portal account, so that you may be notified via email for further information

My initials indicate that I have read and understand items numbered 1-6 below. Each item must be initialed in order for your application to be processed.

- _____ 1. Ave Maria Catholic School may cancel or deny our eligibility under this program for any misuses, including my student(s) behavior, or misrepresentations of any facts or circumstances connected with our participation in its benefits.
- _____ 2. Failure to return this signed agreement with deposit will result in loss of riding privileges.
- _____ 3. Consequences for failure to pay transportation fees per established payment schedule will result in loss of riding privileges.
- _____ 4. Outstanding transportation fees may be sent to a collection agency and/or further legal action and any fees incurred for these actions will be the parent’s financial responsibility.
- _____ 5. I understand and agree to get my student(s) safely to and from the established stops. Supervision by Ave Maria Catholic School is not provided.
- _____ 6. I understand that Ave Maria Catholic School does not provide supervision of my student(s) before, during, or after drop off and pick up.

My signature indicates that I have read and understand all the above terms of the application for transportation services.

Parent/Guardian Signature: _____ Date _____

Student(s) Information

Last Name _____ **First Name** _____ **Grade** _____

Last Name _____ **First Name** _____ **Grade** _____

Last Name _____ **First Name** _____ **Grade** _____

Last Name _____ **First Name** _____ **Grade** _____

**Cost per student: \$600.00 per year with payment as follows:
\$50.00 deposit due w/registration, \$275.00 due by August 15th, & \$275.00 due January 9th. NONREFUNDABLE**

Please Return Registration and Deposit (Payable to AMCS) to: School Office

OFFICE USE ONLY:

Number of Students _____

DEPOSIT
AUG 15 PAYMENT
JAN 9 PAYMENT

AMT _____	DATE _____	CHECK _____
AMT _____	DATE _____	CHECK _____
AMT _____	DATE _____	CHECK _____