

AMESBURY PUBLIC SCHOOLS

Where children come first!

APPLICATION FOR BUS TRANSPORTATION School Year 2012-2013

INSTRUCTIONS:

Please fill out this school bus transportation application form if you want your child/children to use this service.

NO STUDENT WILL RECEIVE A BUS PASS WITHOUT A COMPLETED BUS FORM AND THE FIRST PAYMENT (AT LEAST 50% OF THE TOTAL). THE SECOND PAYMENT WILL BE DUE ON NOVEMBER 15TH. IF YOU PAY THE TOTAL AMOUNT BY OCT 1ST 2011, YOU MAY TAKE ADVANTAGE OF A REDUCED PRICE.

PAID IN FULL BY OCT 1ST: SINGLE RIDER: \$285.00 FAMILY CAP: \$427.50 NOT PAID IN FULL BY OCT 1ST: SINGLE RIDER: \$300.00 FAMILY CAP: \$450.00

Paren	t Name:		_ Date:			
	PLEASE PRINT					
Addre	ess:		_ Phone:			
	Address					
<u>Pleas</u>	e check all that apply:					
	I live more than 2 miles from the school and my child (grades 1-6) is eligible for free transportation. Please fill in your child's/children's name(s), grade(s) and school(s) below.					
	I live more than 2 miles and I wish to purchase a seat for my child (grades 7-12) if space permits. Please fill in your child's/children's name(s), grade(s) and school(s) below.					
	I live less than 2 miles from school and I would like to purchase a seat on the bus for my child/children if space permits. Please fill in your child's/children's name(s), grade(s) and school(s) below.					
	I am eligible for free or reduced lunch. (Please see criteria on the attached sheet).					
	Kindergarten Student					
Please print the following:						
Stude	nt Name:	_Grade:	_ School:			
Stude	nt Name:	_ Grade:	_ School:			
Stude	nt Name:	_ Grade:	_ School:			
Stude	nt Name:	_ Grade:	School:			

5 HIGHLAND STREET, AMESBURY, MA 01913 TELEPHONE: 978) 388-0507 FAX: (978) 388-8315

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For office use only

TO PAY ONLINE: please visit www.amesburyma.gov, and click on "pay online" on the top tab. Please select "School Athletics/Preschool/Transportation" from the list, and select "transportation fee" on the left hand side. Fill out the form completely including the child's name(s) and submit payment.

	AME (First child's nar		tion):		
Date Paid	Check #	_	Amount Paid	BALANCE	
Date Paid	Check #	_ Cash	Amount Paid	BALANCE	
Date Paid	Check #	_ Cash	Amount Paid	BALANCE	
Date Paid	Check #	_ Cash	Amount Paid	BALANCE	
Date Paid	Check #	_ Cash	Amount Paid	BALANCE	
Date Paid	Check #	_ Cash	Amount Paid	BALANCE	