ALL SAINTS SHUTTLE
REGISTRATION AND FINANCIAL AGREEMENT FORM

POLICY FOR PAYMENT OF SHUTTLE FEES

Use of the shuttle bus will be paid for by the parents of students using this service. Payment will be made in full by September 1, 2006 or monthly via automatic withdrawal. Any individual or family not current in their payments will be required to discontinue use of the bus system until payment has been made.

2006-2007 RATE SCHEDULE

A. Service one way for Kindergarten	**$125 per year**
B: Service for one child/Family	**$250 per year**
C: Service for two children/Family	**$300 per year**
D: Service for three children/Family	**$350 per year**

Note: For each additional child after three, add $50.00 per child for the scheduled rate.

Parent's Name: _____

Address: _____ Zip _____ Phone: _____

Ridership Status: Currently using Shuttle ____
New Ridership: Shuttle ____

I/We request the following Bus Service for my/our children for the 2006-2007 school year:

_____ **Shuttle**: **from Primary** Building **to Middle** Building **A.M**./**from Middle** Building **to Primary P.M.**
_____ **Shuttle: from Middle** Building to **Primary** Building **A.M**./**from Primary** Building **to Middle P.M.**

Please indicate the names of the children that will be using the Shuttle Bus.

Student's name: _____ Grade: K 1 2 3 4 5 6 7 8
Student's name: _____ Grade: K 1 2 3 4 5 6 7 8
Student's name: _____ Grade: K 1 2 3 4 5 6 7 8
Student's name: _____ Grade: K 1 2 3 4 5 6 7 8
Total number of children: _____

My (our) commitment and financial responsibility for Shuttle service is $ _____ and I (we) agree to pay under the following payment schedule:

_____ Payment in Full by September 1, 2006

_____ Monthly automatic withdrawal (complete financial form in front left pocket) or fill out during Fair Share interview

*****PLEASE NOTE THERE IS NO SHUTTLE FEE IF YOUR CHILD ATTENDS EXTENDED CARE*****

Signature: _____ **Date:** _____