

OFFICE USE ONLY

DATE APP. RECEIVED _____

AM BUS #: _____ TIME: _____ LOCATION: _____

PM BUS #: _____ TIME: _____ LOCATION: _____

Amt. Paid: _____

Date: _____

Check #: _____

Due: _____

APPLICATION FOR STUDENT BUSSING 2011 – 2012
(Complete ONE Application For EACH Child)

IMPORTANT INFORMATION

APPLICATIONS FOR FIRST SEMESTER AND YEAR ROUND BUSSING MUST BE RETURNED TO THE ADMINISTRATION OFFICE BY **JUNE 30, 2011**. SECOND SEMESTER APPLICATIONS ARE DUE BY **DECEMBER 1, 2011**. **PAYMENT IS DUE WITH THIS APPLICATION**. ANY APPLICATION RECEIVED AFTER THESE DEADLINES **WILL NOT** BE PROCESSED FOR THIRTY (30) DAYS AND WILL BE ASSIGNED TO AN EXISTING STOP.

RETURN COMPLETED APPLICATION(S), ALONG WITH PAYMENT, TO THE ADMINISTRATION OFFICE LOCATED AT 777 S. 15TH STREET. **PLEASE DO NOT RETURN THE BUSSING APPLICATIONS TO THE SCHOOLS OR THE TRANSPORTATION OFFICE**. ANY QUESTIONS, PLEASE CALL 377-0123 EXT. 1.

STUDENT NAME: _____ DATE: _____

PARENT NAME: _____ HOME PHONE: _____

WORK PHONE: _____

ADDRESS: _____ CELL PHONE: _____

CELL PHONE: _____

SCHOOL ASSIGNED FOR 2011 ~ 2012: _____ GRADE: _____

Please fill out below if your child has any special physical or health needs that the Transportation Department should be aware of:

IF STUDENT IS TO BE PICKED UP OR DROPPED OFF AT A BABY-SITTER, PLEASE COMPLETE THIS SECTION:

SITTER NAME: _____

ADDRESS: _____

PHONE #: _____

TO SCHOOL ONLY: _____ FROM SCHOOL ONLY: _____ BOTH TO AND FROM SCHOOL: _____

KINDERGARTEN THRU 12TH GRADE ONLY
PLEASE CHECK TYPE OF BUSSING REQUEST:

ENTIRE SCHOOL YEAR
(Check one only)

_____ -AM only (\$175.00)
_____ -PM only (\$175.00)
_____ -AM and PM (\$350.00)

FIRST SEMESTER ONLY
August thru December
(Check one only)

_____ -AM only (\$ 87.50)
_____ -PM only (\$ 87.50)
_____ -AM and PM (\$175.00)

SECOND SEMESTER ONLY
January thru June
(Check one only)

_____ -AM only (\$ 87.50)
_____ -PM only (\$ 87.50)
_____ -AM and PM (\$175.00)

PAYMENT IS DUE WITH THIS APPLICATION ~ Make checks payable to Marion Indep. School (MISD). If you are receiving free or reduced lunches, you may apply for a waiver for transportation fees at your child's school.

PLEASE CHECK: FREE: _____ REDUCED: _____

JK OR BRIGHT BEGINNINGS (ECSE ONLY) ~ FREE BUSSING
PLEASE CHECK TYPE OF BUSSING REQUEST:

_____ **AM SESSION ONLY**

_____ **PM SESSION ONLY**

BUSSING **TO SCHOOL** ONLY _____ BUSSING **FROM SCHOOL** ONLY _____ BUSSING **BOTH TO & FROM** SCHOOL: _____