

**GLOUCESTER PUBLIC SCHOOLS**

**APPLICATION FOR TRANSPORTATION**

- Grades K-2, *Residing between one and two miles from your neighborhood school*, who want **fee** based bus transportation; *Residing 2 or more miles* who want free transportation.
- Grades 3 – 5, *Residing between one and one-half and two miles from your neighborhood school*, who want **fee** based bus transportation; *Residing 2 or more miles* who want free transportation.
- € Grade 6, *Residing between one and one-half and two miles from the Middle School*, who want **fee** based bus transportation, if space permits. *Residing 2 or more miles* who want free transportation
- Grades 7 – 8, *Residing 2 miles and over*, who want fee based bus transportation.

**Regardless of your decision, a response from all parents is necessary for proper planning, so please return the form even if you do not intend to use school busing for the coming year.**

CHECK ONE:

- My child **WILL NOT** use bus transportation in the 2009-2010 school year.
- I **DO** want my child to receive bus transportation in the 2009-2010 school year

If transportation is required please check one of the following:

- Round Trip
- Afternoon only to an accredited after school program

After checking one of these boxes you must complete the section below.

Parent's Name: \_\_\_\_\_ Address \_\_\_\_\_

Check if a new address Mileage \_\_\_\_\_ Verified by \_\_\_\_\_

\_\_\_\_\_ **Please initial indicating that you have reviewed School Bus Conduct Rules and Policies**

Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Student's Name \_\_\_\_\_ School \_\_\_\_\_ Gr. \_\_\_\_\_

Student's Name \_\_\_\_\_ School \_\_\_\_\_ Gr. \_\_\_\_\_

Student's Name \_\_\_\_\_ School \_\_\_\_\_ Gr. \_\_\_\_\_

<b>FOR OFFICE USE ONLY – DEPOSIT</b>		
DATE RECEIVED _____	CHECK# _____	AMOUNT _____

Send above portion with your deposit and return the lower portion with your final payment.

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**Keep bottom portion and return with final payment.**

**Bus Transportation Fees:**

The fee is \$150 per rider with a maximum of \$300 per family. A bus pass to an afterschool program is \$75. A 50% deposit per student is due by August 1, 2009 with final payment due by February 1, 2010

**Reminders will not be sent. Complete information below so that we can credit the proper account.**

Parent's Name: \_\_\_\_\_ Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Student's Name \_\_\_\_\_ School \_\_\_\_\_ Gr. \_\_\_\_\_

Student's Name \_\_\_\_\_ School \_\_\_\_\_ Gr. \_\_\_\_\_

Student's Name \_\_\_\_\_ School \_\_\_\_\_ Gr. \_\_\_\_\_

**Please make check payable to Gloucester Public Schools. Mail to : Gloucester Public Schools, Transportation Dept., 6 Schoolhouse Rd., Gloucester MA 01930**

<b>FOR OFFICE USE ONLY – FINAL PAYMENT</b>	
DATE RECEIVED _____	CHECK # _____