GLOUCESTER PUBLIC SCHOOLS

APPLICATION FOR SCHOOL BUS TRANSPORTATION 2010-2011

FREE TRANSPORTATION

For eligible students enrolled in their **neighborhood** school, Free Transportation will be provided as per the following distances:

Kindergarten thru Grade 6 **more than 2 miles**

FEE BASED TRANSPORTATION

For eligible students enrolled in their **neighborhood** school, Transportation will be **provided** for a **fee** for the following students:

Grades K-5	**over 1 mile to 2 miles**
Grade 6	**over 1.5 miles to 2 miles**
Grades 7-8	**over 2 miles**

Elementary students in Grades K-5 who live less than 1 mile from their neighborhood school and live in the vicinity of an existing bus stop may opt to ride the bus for the full fee if space permits. Students in grade 6 who live over 1.5 miles but less than 2 miles may opt to ride the bus for the full fee if space permits.

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 **2010-2011** school year.

□ I **DO** want my child to receive bus transportation in the **2010-2011** school year

□ Round Trip □ One Way (if space permits)

The fee is $150 per rider with a cap of $300 per family. A one way bus pass is $100. All students attending the YMCA afterschool program must pay $75 for a bus pass. A 50% deposit per student is due by August 15, 2010 with final payment due by February 1, 2011.

Parent's Name:_____Address_____

Home Phone:_____ Cell Phone_____

Student's Name_____School_____Gr._____

Student's Name_____School_____Gr._____

Student's Name_____School_____Gr._____

FOR OFFICE USE ONLY

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.

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

FOR OFFICE USE ONLY – **FINAL PAYMENT REC'D** **CHECK #**