

SPANIER BUS SERVICE, INC.

TRANSPORTATION REGISTRATION FORM

Please Print:

Parent/Guardian Name: _____ Daytime Phone: _____

Address: _____ Home Phone: _____

City, State, Zip: _____

RATE SCHEDULE:

\$ _____ per student per school year.

Please **print/type** all information for all students registering for "Open Enrollment", "One Mile Walking Area", or "Special Program" Transportation Service.

<u>Student Name</u>	<u>School</u>	<u>Grade</u>	<u>Amount</u>
<u>Total Due</u>			

Circle AM or PM if Choosing one-way only

If you have questions on completing this application please call Spanier Bus Service at 320 251-3313

PLEASE return this COMPLETED APPLICATION and YOUR PAYMENT along with the SIGNED CONTRACT as soon as possible.
Make check **PAYABLE TO SPANIER BUS SERVICE, INC.** and mail to:

SPANIER BUS SERVICE, INC.
1310 Sunridge Drive
ST. CLOUD, MN 56301

Office Use Only:	Date: _____
Check: \$	_____
Check #	_____

Note: Payment may be tax deductible. Check with tax advisor.

2016/2017 Transportation Service Contract
Open Enrollment / One mile Walking Area / Special Program Transportation

This application is intended for all parents/guardians whose student(s) reside or attend a daycare outside of their school's attendance area, are within the one mile walking area, or are requesting "special program" transportation and wish to continue school bus service.

All students under private contract will be subject to the same discipline and safety standards mandated by Independent School District 742 and State and Federal regulations.

By signing below, I understand that school bus transportation service has a fee and runs for the period of September 6, 2016 through June 7, 2017. *(Including scheduled make-up days.)* There is no refund in the event the service is not fully utilized, the student is suspended from ridership privileges for discipline infractions, or the student moves during the school year.

Note: Please be aware that due to the continuous changes of busing schedules at the start of the school year, private contract arrangements may not be able to be routed until after the start of the school year. Please return your Private Contract request if this condition meets your approval.

Parent/Guardian Signature: _____ Date: _____

To implement, application must include signed Contract, Registration Form, and check for the full amount of contract.