

2009 – 2010 BUS SERVICE REGISTRATION FORM

JOHN CARROLL CATHOLIC HIGH SCHOOL

Student's Name _____ Grade _____

Student's Name _____ Grade _____

Student's Name _____ Grade _____

Home Address _____

Home Telephone _____ Cell Telephone _____

*To Whom Should Bills, Reports, Etc. Be Sent?

Name _____

Address _____

*Student living with ---

Mother/Guardian's Name _____ Business Phone _____

Father/Guardian's Name _____ Business Phone _____

Other emergency Phone Number _____

_____ One Way _____ Round Trip

*Address where student will be picked up or dropped off.

AM

PM

- Was this student a Bus Rider during 2008– 2009 YES NO
- If Yes, What Bus Route: Carole Belle Becky Bea

Draw a map on the back of the registration form showing the exact location of your home or where your child will be picked up or dropped off so that routes may be planned that are both safe and efficient. Include which side of the street you are located on, where on the block, closest intersection, names or roads, and an indication on which direction is north.

BUS SERVICE CONTRACT

CONDITIONS:

- 1) **REGISTRATION IS DUE JULY 15, 2009. REGISTRATIONS WILL NOT BE ACCEPTED WITHOUT ALL OF THE ABOVE INFORMATION AND THE REQUIRED \$225.00 PER STUDENT (REGISTRATION FEE AND FIRST MONTH SERVICE CHARGE). ALL PREVIOUS CHARGES MUST BE PAID PRIOR TO REGISTRATION.**
- 2) **BUS FEES NOT PAID FOR 2 CONSECUTIVE MONTHS WILL SUSPEND SERVICE. ACCOUNTS MUST BE CURRENT AT ALL TIMES.**
- 3) **CANCELLATION OF SERVICE MUST BE IN WRITING NO LATER THAN SEPTEMBER 4, 2009 OR YOU WILL BE RESPONSIBLE FOR BUS FEES THROUGH DECEMBER, 2009.**
- 4) **IF YOU WITHDRAW YOUR STUDENT(S) FROM HIS/HER RESPECTIVE SCHOOL AFTER 8/31/09 OR 1/31/10, THEN YOU WILL BE RESPONSIBLE FOR THE BUS FEES FOR THE REMAINDER OF THE FALL OR SPRING SEMESTER.**

This contract is legally binding.

Signature: _____
(Parent or Legal Guardian)

_____ Date

For: _____
Ben C. Hopper, Principal
John Carroll High School

_____ Date