

## PAY RIDER APPLICATION

## PLEASE READ CAREFULLY

**Terms of this agreement:** Students must go to the assigned existing bus stop. No new stops will be added. Contract Riders are accepted on a space available basis – if a bus reaches capacity with eligible riders, Pay Riders will lose their ability to ride. In this case, a refund of any full month that has been pre-paid will be issued. All rules for bus conduct apply to Contract Riders. Your payment is due on the first (1st) day of each quarter. If payment has not been received by the 10th day of the first month of each quarter, transportation will be cancelled and will be reinstated only upon request from a parent and receipt of the overdue payment. (No statements will be sent). If at any time you wish to discontinue transportation, you must notify our office 10 days prior to termination, or no refund will be given. No refunds will be made if student does not ride every day of the month or if transportation is discontinued during a prepaid month. The fee is \$10.00 per month for this transportation service regardless of whether your student rides both to and from school or not. YOUR STUDENT MAY NOT RIDE UNTIL YOU RECEIVE CONFIRMATION FROM STUDENT TRANSPORTATION of AMERICA.

Please do not give your payment to the bus driver. You will be e-mailed information for payment instructions upon Acceptance Confirmation.

## **Quarterly Due Dates:**

Sept.1 - for Sept/Oct/Nov Dec.1 - for Dec/Jan/Feb March 1 - for March/April/May

Thave	read and agree to the above terms	Parent/Guar	dian Signature	Date
	PLEASE PRINT			
Student Name:			_ SCHOOL:	
Parent Name:			GRADE:	
Physical Address:			Kinderg	garten/Pre-school ONLY
Mailing Address:				ſ / PM
City:	State: Zip:	E-MAIL	:	circle one)
	Home Phone:			
OFFICE USE ONLY:				
Bus #	_ Stop Location:			
AM Time:	PM Time:	Staff Approval l	oy:	
R/F:	Verified by:			