

Roseville Area Schools

2011-2012 Grades 7-12 Transportation Contract

Please complete the forms below to enroll your children as bus riders for the coming school year. You may also register online at <http://www.isd623.org/trans/fee-based.cfm>

Application & payment due by August 1 to guarantee service on the first day of school.

Student Name _____ **School** _____ **Grade** _____ **Distance to school** _____

Address _____ **Phone** _____

Maximum family charge \$300.00 (\$90.00 if eligible for reduced cost meal service) Total \$ _____

Choose one payment plan

<input type="checkbox"/> Plan 1: ONE payment (full payment due NO later than August 1)	Full \$200.00	Reduced** \$60.00 **
<input type="checkbox"/> Plan 2: FOUR payments*	\$55.00	\$17.50**
<input type="checkbox"/> Plan 3: Family maximum one payment	\$300.00	\$90.00**
<input type="checkbox"/> Plan 4: Family maximum four payments*	\$80.00	\$25.00**
<input type="checkbox"/> Plan 5: Eligible for free school lunch /free transportation. **		
<input type="checkbox"/> Plan 6: Eligible for free transportation due to disability. ***		

*August 1, November 15, January 15, March 15 (Visa Authorization form attached)

** Enter your Food Services Application Number here _____

***Submit request for consideration of waiver of Transportation Fee due to disability. Form available online (www.isd623.org)or from District Transportation 651-635-1609.

Late Charge: A \$15.00 late charge will be assessed if payments are submitted after the designated payment date.

CONTRACT AGREEMENT

You are signing this contract to have Roseville Area Schools provide transportation for your student(s). You agree to the following:

- _ To pay for services that you selected above for the coming school year.
- _ That a refund will NOT be issued unless you move out of Roseville Area School District or move over 2 miles away from the attending school.
- _ Roseville Area Schools will collect funds for NSF (non-sufficient funds) returned checks and levy a \$15.00 service charge.
- _ You have completed this form with true information to the best of your knowledge.
- _ According to Minnesota State Law, you understand that your child(ren) must follow the School Bus Discipline Policy. *Students may be suspended or terminated from ridership for behavior infractions. No refunds will be issued for behavior related suspension or termination.*

Signature _____ Date _____

Contract must be signed to process the application

Family Contact and Payment Information:

Student Name _____

PARENT NAME(S): _____

DAYTIME PHONE NUMBER: (____) _____

HOME PHONE NUMBER: (____) _____

FORM OF PAYMENT: CASH CHECK Note: "NSF" (non-sufficient funds) will be assessed a \$15.00 charge.

For one payment with credit card for the year please complete the information below:				
I authorize Roseville Area Schools to automatically charge my credit card on August 1				
Amount (circle one):	\$200	\$60	\$300	\$90
Plan	Plan 1	Plan 1(reduced)	Plan 3	Plan 3(reduced)
Signature for one payment _____				

For four equal payments paid with credit card, please complete the information below				
I authorize Roseville Area Schools to automatically charge my credit card on August 1, November 15, January 15, March 15:				
Amount (circle one):	\$55	\$17.25	\$80	\$25
Plan	Plan 2	Plan 2(reduced)	Plan 4	Plan 4(reduced)
Signature for four payments _____				

Please charge my: VISA MasterCard

Credit Card Number: _____ - _____ - _____ - _____ Exp. _____ (after 06/12)

Forms that are not completed, signed, or are submitted with improper payment will be returned to you.

If you have questions on completing this form, please call Transportation Department at (651) 635-1638.

PLEASE RETURN THIS COMPLETED FORM and YOUR PAYMENT
(Payable to Roseville Area Schools) BY AUGUST 1

**Roseville Area Schools
Attn: Transportation Department
1251 W County Rd. B2
Roseville MN 55113**

Thank You

Office Use Only
Amount due _____

Payment Information

Date: _____	<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Visa	\$ _____	Check # _____	CC\$ _____
Date: _____	<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Visa	\$ _____	Check # _____	CC\$ _____
Date: _____	<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Visa	\$ _____	Check # _____	CC\$ _____
Date: _____	<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Visa	\$ _____	Check # _____	CC\$ _____