## Roseville Area Schools 2021-2022 Grades 7-12 Transportation Contract

Application & payment due by August 10 to guarantee service on the first day of school.

Please complete the forms below to enroll your children as bus riders for the coming school year. You may also register online at <a href="https://www.isd623.org/families/resources/pay-online">https://www.isd623.org/families/resources/pay-online</a> Parent email required.

**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** (full payment due NO later than August 10) Full Reduced\*\* ☐ Plan 1: One student \$200.00 \$60.00 \*\* ☐ Plan 2: Family maximum – more than one student \$300.00 \$90.00\*\* ☐ Plan 3: Eligible for free school lunch /free transportation. ☐ Plan 4: Eligible for free transportation due to disability. \* \*Submit request for consideration of waiver of Transportation Fee due to disability. Form available online (Trans Disability Waiver form) or from District Transportation 651-635-1638. 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 the 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 \$30.00 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. Date \_\_\_ Signature Contract must be signed to process the application

Family Contact and Payment Information:				
Student Name				
PARENT NAME(S)				
DAY PHONE NUMBER:	)	НОМЕ	PHONE NUMBE	R()
PARENT EMAIL				
FORM OF PAYMENT: □ charge.	CASH □ C	HECK Note: "NSF" (ı	non-sufficient fund	s) will be assessed a \$30.00
For one payment with	credit ca	ard for the year ple	ase complete th	ne information below:
I authorize Roseville A	rea Schoo	ols to automatically o	charge my credit	card on August 10
Amount (circle one): Plan		\$60 Plan 1(reduced)	\$300 Plan 2	\$90 Plan 2(reduced)
Signature for one payn	nent			
Please charge my: □ V	TSA □ Ma	asterCard		
Credit Card Number:				Exp
3 digit number on back o	f card #			
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.				
PLEA		N THIS COMPLETED to Roseville Area Sch		
Roseville Area Schools Attn: Transportation Department 1251 W County Rd. B2 Roseville MN 55113				
Thank You				
Office Use Only Amount due	/	Amount Paid		