SULPHUR SPRINGS SCHOOL DISTRICT
SCHOOL BUS TRANSPORTATION APPLICATION
8/18/11 - 6/15/12

ANNUAL FEE (August-June) **OR** **SEMI-ANNUAL FEE (Aug.-Jan.; Feb.-June)**

One payment due by August 26, 2011
One Pupil: $200.00
Two Pupils: $325.00
Three or more: $400.00

Two payments due Aug. 26, 2011 & January 20, 2012
One Pupil: $110.00
Two Pupils: $175.00
Three or more: $220.00

PLEASE PRINT

STUDENT'S LAST NAME	**FIRST**	**SCHOOL**	**GRADE**
1.			
2.			
3.			

_____ _____
Address (include Apt. #, City and Zip Code) **Home Telephone (required for K's)**

_____
Parent/Guardian Name **Work or Cell Telephone**

A.M. Bus Stop _____ P.M. Bus Stop _____

INSTRUCTIONS FOR COMPLETING APPLICATION:

1. Read these instructions and all attachments in this packet.
2. Print or type all entries except your signature.
3. Use the name under which the pupil is registered in school. (List a nickname if your child uses one)
4. Make no entries in the Office Use Only section.
5. Sign application acknowledging acceptance and understanding of responsibility.
6. **Make check or money order payable to: SULPHUR SPRINGS SCHOOL DISTRICT.**
7. We do not take postdated checks, or credit card payments.
8. Print child's full name in "memo section" of check.
9. Mail to: Sulphur Springs School District, Transportation Department,
   27000 Weyerhaeuser Way, Canyon Country, CA 91351.
   OR
   You may put the application and payment in a sealed envelope and give it to the Bus Driver.
   Write your child's name, school and bus stop on the outside of the envelope.

I understand there is a fee ti ride the school bus. If fee is not paid, transportation will be denied.
Parents are advised that the District does not supervise bus stops and that the District is not responsible for the control and conduct of pupils at the bus stop. Parents should not neglect their responsibility for supervising their children until they are safely on the school bus.

Signature of Parent/Guardian_____**Date**_____
If you have any questions concerning this application, please call Transportation at 252-3822.

OFFICE USE ONLY

Received $ _____ Date _____ Check #_____ FULL YEAR: _____

1st HALF AMOUNT: _____ DATE: _____ 2nd HALF AMOUNT: _____ DATE: _____