

**ABINGTON PUBLIC SCHOOLS
APPLICATION FOR TRANSPORTATION**

TO & FROM HOME BUS STOP

2018-2019 SCHOOL YEAR

PLEASE PRINT CLEARLY

Parent/Guardian Name:				
Home Address:		Home Tel#	Work Tel#	
Student Name(s)				
Last	First	Grade 2018-2019	Assigned School	SCHOOL USE ONLY
1.				
2.				
3.				
4.				

YEARLY BUS COST:

The fee for the school year is \$255 per student with a family cap of \$510 (note: the transportation fee is subject to change). The fee is refundable **ONLY** if service cannot be provided. Refunds are subject to the town warrant process and can take up to four weeks to complete.

1. Please return this application and full payment by July 1, for each student listed above. This payment insures that your child/children, subject to the availability of a seat(s), is included on the bus list as routes are developed during the summer.
2. Applications and payments received after July 1, will be accommodated only if space and routing allow.
3. If applicable, please review Grades K-2 Guidelines on reverse side of this form.

Make checks payable to: **Abington Public Schools – Bus Fee** **Total Enclosed:** _____

Mail to the Superintendent’s Office or submit through the Principal’s Office. Address all envelopes as follows:

Abington Public Schools, Bus Transportation, 1071 Washington Street, Abington, MA 02351

I understand that ridership is not guaranteed, as it is dependent on sufficient funding and available seating. I have read, understand and accept all rules and regulations, and I have reviewed the bus conduct rules with my child/children.

Parent/Guardian Signature _____ /Date _____

We are now accepting on-line bus payments and applications. Please go to www.abingtonps.org

**ABINGTON PUBLIC SCHOOLS
APPLICATION FOR TRANSPORTATION**

TO & FROM AN ALTERNATE BUS STOP

2018-2019 SCHOOL YEAR

If possible, please assign my child/children to the bus stop closest to the address listed beside his/her name. I understand that ridership is not guaranteed and that this request is subject to the criteria listed below and the payment of the fee.

PLEASE PRINT CLEARLY

Parent/Guardian Name:					
Home Address:		Home Tel#		Work Tel#	
Student Name(s) Last	First	Grade 2018- 2019	Assigned School	One Alternate Bus Stop A.M. & P.M. / Mon - Fri	SCHOOL USE ONLY
1.					
2.					
3.					
4.					

CRITERIA: Only one alternate stop is allowed. The alternate stop requested must:

- 1) Be on a route scheduled for the child's assigned school; 2) Be permanent and the same a.m. & p.m. for all days; 3) Conform to the K-2 transportation guidelines if request is for a Grades K-2 student. (See other side)

YEARLY BUS COST:

The fee for the school year is \$255 per student with a family cap of \$510 (note: the fee is subject to change). The fee is refundable **ONLY** if service cannot be provided. Refunds are subject to the town warrant process and can take up to four weeks to complete.

1. Please return this application and full payment by July 1. This payment insures that your child/children, subject to the above criteria, is included on the bus list as routes are developed during the summer.
2. Applications and payments received after July 1, will be accommodated only if space and routing allow.

Make checks payable to: **Abington Public Schools – Bus Fee** **Total Enclosed:\$_____**

Mail to the Superintendent's Office or submit through the Principal's Office in a sealed envelope. Address all envelopes as follows:

Abington Public Schools, Bus Transportation, 1071 Washington Street, Abington, MA 02351

I understand that ridership is not guaranteed, as it is dependent on sufficient funding and available seating. I have read, understand and accept all rules and regulations, and I have reviewed the bus conduct rules with my child/children.

Parent/Guardian Signature _____ /Date _____

We are now accepting on-line bus payments and applications. Please go to www.abingtonps.org