

St. Peter Catholic School (DOE#1096)
421 W. New York Ave. – Deland, FL 32720 – (386)804-4436

**Bus Registration Form
2019-2020 School Year**

Every Child MUST be registered before riding the bus.

Parent's Name(s) _____, _____
Address _____ Home Phone _____
City/Zip _____ Work Phone _____
Email address _____
Cell Phone _____ Other Phone _____
Emergency Contact _____ Phone _____
Relationship _____

Which parish are you an active registered member? (Please Circle One)

Our Lady of The Lakes St. Ann's St. Clare's St. Peter's

Child(ren) Riding Bus:

_____ Grade ____, _____ Grade ____
_____ Grade ____, _____ Grade ____

Bus Stop(s) To Be Used: (please check all that apply)

St. Ann's	6:40am _____	4:00pm _____
Denny's on Saxon Blvd.	6:55am _____	3:40pm _____
Village Square on Graves	7:05am _____	3:30pm _____
TJMaxx	7:20am _____	3:20pm _____

These are approximate times and may vary with circumstances. Please arrive 5 minutes prior.

The bus arrives at St. Peter's at 7:40am and departs St. Peter's at 3:05pm.

Monthly Fee Schedule

<u>Number of Children:</u>		<u>(1)</u>	<u>(2)</u>	<u>(3 or more)</u>
St. Peters	One-Way	\$60	\$70	\$75
	Round Trip	65	80	90
Other	One-Way	70	80	85
	Round Trip	80	90	100

Bus Commitment/Parental Responsibility for Ridership

I, _____ am responsible for timely bus payments of \$_____ by the 25th of each month or I will be assessed a \$10 late fee. I also understand unless prior arrangements have been made with St. Peter's School office, more than one late payment could result in loss of ridership on the bus. Furthermore, I will be responsible to make sure that myself or a designated person will be present to pick up my child(ren) at the afternoon stops as no child will be left unattended at any stop. Failure to pick up on time will result in additional fees and/or loss of ridership.

Parent Signature _____ **Date** _____