

PRE-REGISTRATION FORM
2011-2012 ST. MARTHA BUS SERVICEⁱ

Service Type (please check one):

AM/PM Bus Service
 AM Bus Service Only

Payment Options (please check one):

Lump sum payment enclosed
 PM Bus Service Only
 Non-refundable \$50 deposit (not a part of your pass through amount) enclosed and:
 I will abide by the terms and conditions of the Installment Plan, or
 I have established an individualized and confidential Payment Plan with Mrs. Guizio.

Family Information (please print):

Family Name (last name): _____

Parents Name(s): _____

Home Address: _____ Zip Code _____

Name of Subdivision: _____

Closest cross-street/main street: _____

Home Phone Number: _____

BE SURE TO BE SIGNED UP FOR D.E.A.N ALERT FOR LATE BUS NOTIFICATIONS.

Emergency Contact Information:

Father/Guardian: _____ (work) _____ (cell/pager)

Mother/Guardian: _____ (work) _____ (cell/pager)

Email Address (checked regularly): _____

Afternoon Drop Off (if different from home address listed above – MUST be within current bus boundaries)

Address: _____

Zip Code: _____

Phone Number: _____

Name of Guardian /Sitter at drop-off address: _____

Student Information:

Names of Children being transported:

Grade for **2011 – 2012** School Year
