

INDEPENDENT SCHOOL DISTRICT 196
Rosemount-Apple Valley-Eagan Public Schools
Educating our students to reach their full potential

Series Number 707.4P Adopted May 2010 Revised March 2014

Title Student Transportation Fee-For-Service Registration

In accordance with District Policy 707, Student Transportation, students enrolled in their attendance area school and living or attending daycare outside of the areas eligible for transportation may pay an annual fee for bus service to and/or from their attendance area school. Students who live within non-busing areas but are eligible for transportation due to hazardous crossing restrictions will continue to receive transportation at no charge. Fee-for-service transportation is not available for open-enrolled or intradistrict transfer students.

Parents/guardians applying for the transportation fee-for-service option must register **each** child receiving transportation services. Registration may be submitted in the following ways:

- Online with a credit card payment;
- By mail with this form and a check, or
- In person with this form and a check or cash. *Mail or deliver your payment to:*
District 196 Transportation Dept., 15180 Canada Ave., Rosemount, MN 55068

SCHOOL YEAR FEE OPTIONS (check only one):

Submitted between June 1 and July 31(discounted)

- \$250 per student
- \$500 max per family
- \$125 per student eligible for reduced-price school meals*
- \$250 max per family eligible for reduced-price school meals*
- \$63 per student eligible for free school meals*
- \$126 max per family eligible for free school meals*

Submitted August 1 and later

- \$275 per student
- \$550 max per family
- \$138 per student eligible for reduced-price school meals*
- \$276 max per family eligible for reduced-price school meals*
- \$69 per student eligible for free school meals*
- \$138 max per family eligible for free school meals*

*You have my permission to verify free or reduced-price school meal status.

REGISTRATION:

Student _____
last name first name middle initial grade ID#

Home address _____
address city zip code

Parent/Guardian _____
last name first middle initial

Phone number _____
home work cell

Complete information below for any deviations in transportation to and/or from home each day.

Alternate address/Daycare provider information:

last name first name phone

address city zip code

School attending

Frequency information:

Home Address

To School M T W TH F

From School M T W TH F

Alternate Address/Daycare

To School M T W TH F

From School M T W TH F

I understand it is *my responsibility* to bring my child to and from the bus stop designated for the location(s) noted above. I understand the *school district's responsibility* will be to transport my child to and/or from school from the bus stop designated for these location(s).

Parent/Guardian signature _____ Date _____

Procedures/707.4P/03-20-14

Transportation Dept. use only: online payment ck# _____ cash rec'd date _____ rec'd by _____