



**FIRST STUDENT PAYRIDE ENROLLMENT FORM
LAWRENCE PUBLIC SCHOOLS
2008-2009**

First Student Use Only:

Date Received: _____
 BUS PASS # _____
 MILEAGE _____
 BUS # _____



All students who will be riding must be enrolled. (Only students with IEP's that indicate the district will provide transportation need not enroll.) If you live 2.5 miles or more from your assigned school, please designate "N/C" (No Charge) under the payment heading below. This is HOME to Attendance Center, not day care. Mileage will be verified.

	Student Name	Grade	School	A.M./P.M.	Payment Amount
1					
2					
3					
4					

HALF-DAY KINDERGARTEN STUDENT transportation is one way and will be half price. STUDENTS approved for the free or reduced lunch program will not be charged if distance considerations are met. One way transportation will be considered only if space is available. Designation of A.M. or P.M. is essential.

HOME INFORMATION

Address, City, Zip	
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PARENT/GUARDIAN INFORMATION

	NAME	HOME PHONE	WORK PHONE
Mother			
Father			
Guardian			

If you would like Pick-Up/Drop-off to be other than above address please complete information below.

Note: This would only be provided if space available and routes allow. No special routes will be set up to accommodate pick-up/drop-off other than home.

CHILD CARE PROVIDER INFORMATION

Provider Name	
Provider Address, City, Zip	
Subdivision:	
Home Phone#	

Will the bus need to pick-up the student(s) at the care providers? YES ___ NO ___

Will the bus need to drop-off the student(s) at the care providers? YES ___ NO ___

PAYRIDE FEES FOR STUDENTS K-12

Payment made prior to July 11, 2008:	Full year-1 child	\$180	Semester-1 child	\$ 90
	Full year-2 or more children	\$280	Semester-2 or more children	\$140
Payment made after July 11, 2008:	Full year-1 child	\$200	Semester-1 child	\$100
	Full year-2 or more children	\$300	Semester-2 or more children	\$150

To ride the bus in 2008-09 the enrollment form and initial payment, as described above, **MUST** be received by August 1, 2008. Payment must be made by check, money order, or credit card and mailed to:

First Student, 1548 E 23rd Street, Suite B, Lawrence, Kansas 66046

Payment can also be made at First Student, 1548 E 23rd Street, Suite B, Lawrence, KS 66046, (785) 841-3594, Monday through Friday, between the hours of 9:00 a.m. and 2:30 p.m

Check # _____ Money Order _____ VISA _____ Mastercard _____

Credit Card Number _____ Expiration Date: _____

Credit Card Security Number (located on back of card) _____

Free & Reduced Lunch Application Date Applied _____ Date Approved _____

(Must re-apply for 2008-2009) Please check optional box on free & reduced form.

Signature of Parent or Guardian _____ Date: _____