



Mounds View
PUBLIC SCHOOLS
2007-2008 BUS REGISTRATION FORM

Late Registration _____ Date _____

New Registration _____

Change of Address _____

Parent Name: _____

Address: _____ Phone: _____

(Street, City – Print Clearly)

Listed below are the transportation services available for your child/children for the 2007-2008 school year. Explanations for the “Bus Service” (**See Column Below**) are:

FEE: You reside less than 2 miles from your child’s school. Busing is available for a fee. **See back of this form and/or attached Q & A for payment and family cap information. (Note: Payment due by June 8th)**

NO FEE: Busing is available at no fee for students living 2 miles or more from school.

Walkers: You live in the walk area to the school. Bus service is not available from your home address.

O/A: You live out of the attendance area. Bus service is not available from your home address.

Register: (11th & 12th Graders ONLY - Busing is available at no fee if you live 2 miles or more from school, **but you must register on the enclosed “Registration Form” in order to receive busing.**

Student ID	Student Name	School	Grade	**Bus Service**	Telephone

The above information is based on transportation to and from the home address. If your pick up address, drop off address, or alternate address differs from the home address shown above, please fill in the fields below. If **any** of these addresses are less than 2 miles from school, there will be a fee.

A.M. Pick Up _____ P.M. Drop Off _____

Alternate Address _____

By signing below, I understand that school bus transportation service, in excess of state-mandated guidelines, carries a fee. There will be no refund if a student is suspended from ridership privileges for discipline infractions, or in the event the service is not fully utilized.

1. Enclosed please find a check in the amount of \$ _____ made payable to MOUNDS VIEW PUBLIC SCHOOLS.

2. NOW available (see enclosed) pay on-line with PayPams. If paid on-line please check here

3. Using your VISA/Master Charge, payment in person is required.

Parent/Guardian Signature

Date

**Return this to your child’s school office or mail it to:
Mounds View Public Schools, Transportation Office, 350 Hwy 96 W, Shoreview, MN 55126-1951**

OVER →

Information on Waiver of Bus Fee

If your child/ren currently qualify for free or reduced-price school meals and you sign below, the fee for busing will be waived.

Child's Name: _____ School _____ Grade _____

Child's Name: _____ School _____ Grade _____

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Child's Name: _____ School _____ Grade _____

_____ Yes, school officials may use the meal eligibility information for the child/ren listed above to waive the busing fees. I give up my rights to confidentiality **only** for the purpose of receiving no fee for the busing program.

I certify that I am the parent/legal guardian of child/ren listed above.

Signature – Parent/Guardian

Date

For District Use Only: Yes () No () Initials: _____

BUS FEE SCHEDULE Visa, MasterCard, and Checks Accepted

_____ \$200 per student, **if paid before June 8**, with a family cap of \$500 per year

_____ \$225 per student, **if paid after June 8**, with a family cap of \$575 per year

_____ \$200 per student, **for new families registering after June 8**, with a family cap of \$500 per year

If the fee is paid AFTER JANUARY 1:

_____ \$125 per student, with a family cap of \$275

_____ \$100 per student, **for new families registering after January 1**, with a family cap of \$275