



2019-2020 BUS REGISTRATION FORM

Late Registration _____ Date _____

New Registration _____

Change of Address _____ Temp Pass Issued _____

Parent Name: _____

Address: _____ Phone: _____

(Street, City, Zip & Apt. # if applicable – Print Clearly)

Listed below are the transportation services available for your child/children for the 2019-2020 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 7th)**

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.

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. To pay with credit card, families who are already actively using ParentVUE can log into their account and use the FeePay system. Others may simply visit www.moundsviewschools.org and find the FeePay link to pay transportation fees online. (NOTE: This Bus Registration Form must be filled out and submitted with a copy of your FeePay receipt to complete the bus registration.)**

Parent/Guardian Signature

Date

**Return this to your child’s school office or mail it to:
Mounds View Public Schools, Transportation Office, 4570 Victoria Street North, Shoreview, MN 55126-5800**

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 _____

Child's Name: _____ School _____ Grade _____

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: _____

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BUS FEE SCHEDULE

Visa, MasterCard, and Checks Accepted

_____ \$225 per student, **if paid before June 7**, with a family cap of \$500 per year

_____ \$250 per student, **if paid after June 7**, with a family cap of \$575 per year

_____ \$225 per student, **for new families registering after June 7**, with a family cap of \$500 per year

If the fee is paid AFTER JANUARY 1:

_____ \$137.50 per student, with a family cap of \$275

_____ \$112.50 per student, **for new families registering after January 1**, with a family cap of \$275

* Bus Fees are subject to School Board action up until June 30, 2019.

NOTE: Payment may be tax deductible. Please consult your tax advisor.