

TRANSPORTATION APPLICATION 2018-2019

For student record keeping, please submit even if your student is not using the bus.

For School Use Only: Date Received Stamp Date Processed: By: Entered in computer: By:

FOR GUARANTEED SEATING, PLEASE SUBMIT by June 30, 2018.

The Plymouth School Department requires payment of a bus fee for all students intending to use bus transportation for the 2018-2019 school year under the following guidelines: Massachusetts General Law CH. 71, S. 68, requires that school committees provide free transportation, once daily, to and from school for students in grades K-6 who live two (2) or more miles from their assigned schools. The statute further requires that students not be required to walk more than one (1) mile from their home to their assigned bus stop. Therefore, no bus fee will be charged for students in Grades K-6 residing two (2) or more miles from their assigned school. A BUS FEE WILL BE CHARGED for students in Grades K-6 residing less than two (2) miles from their assigned school, and all students in Grades 7-12, regardless of distance.

In order to qualify for the advance payment discount and to guarantee a seat on the bus for your child, payment must be made on or before June 30, 2018. Fees paid after that date will be assessed at the REGULAR FEE RATE. The regular fee rate will be reduced by 50 percent (50%) for students enrolled after February 1st (the mid-year point of the school year). One-way bus passes may be purchased at 50 percent (50%) of the regular fee rate. AM or PM must be noted on application.

| | REGULAR FEE | REDUCED FEE | |
|--------------------------|--|--|--------------------------------|
| | ADVANCE PAYMENT DISCOUNT RATE On or before June 30, 2018 | REGULAR FEE RATE Applies after June 30, 2018 | Reduced/Free Eligible Rate* |
| For first student rider | \$100 | \$125 | \$00 |
| For second student rider | \$ 75 | \$100 | \$00 |
| For third student rider | \$ 50 | \$ 75 | \$00 |
| Maximum per family | \$225 | \$300 | \$00 |

*Families that are on TANF, eligible for SNAP, or meet Federal Income Eligibility Guidelines may apply for a waiver of fees. Bus applications should still be submitted.

PLEASE NOTE - A Massachusetts Free and Reduced Price School Meals Application MUST be filled out annually at the start of the year.

All rates subject to change.

Transportation applications are sent home with third-term report cards and are available thereafter at your child's school. Bus fees are due in full with this application. PAYMENTS ARE NON-REFUNDABLE. Payments may be made by bank check, money order or personal check only. Personal checks returned for insufficient funds will be charged a \$25 processing fee in addition to the bus fee.

NO CASH WILL BE ACCEPTED. Please make checks payable to: "TOWN OF PLYMOUTH - BUS FEE."

APPLICATIONS and FULL PAYMENT SHOULD BE RETURNED TO ONE OF THE SCHOOLS WHERE YOU WILL HAVE A CHILD ATTENDING DURING THE 2018-2019 SCHOOL YEAR, making sure to include the school names where all other children are enrolled. A copy will be scanned to each school. Applications can be mailed to the school during the summer. Please visit http://www.plymouth.k12.ma.us for individual school addresses. Passes will be distributed in the fall.

| Please complete one (1) application <i>per family</i> and include all students that will attend Plymor payment is due and/or student is not using bus transportation. Parent/Guardian Name(s): | | | | | Number of children in family attending Plymouth Schools: | | | | | | |
|---|---|------------------|-----------------|------------------------|--|----------|------------|----------------|--------------------------------|--|--|
| Street Address: | | | | | Home Phone: | | | | | | |
| Complete Mailing Address, if different: | Cell/v | | | | | | ork Phone: | | | | |
| Please list names of all students in fami | se list names of all students in family, even if no payment is due. Please check one: | | | For School Use Only | | | | | | | |
| Student(s) Name(s) | **School in 2018-19** | Grade in 2018-19 | Will use bus | Will NOT use bus | ALTERNATE transportation if not using bus | | Elig. | Amount Paid | Scanned to other schools | | |
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| **Please provide school name where each | h student attends. The | s application | will be see | unned to all | sahools listed ** | <u>]</u> | | | | | |

PARENT/GUARDIAN SIGNATURE: DATE: