

DURHAM SCHOOL SERVICES BUS TRANSPORTATION REGISTRATION FORM

2020-2021 SCHOOL YEAR- BLUE VALLEY SCHOOL DISTRICT

*NOTE: All students must register for transportation by July 21st of each school year to receive bus service at the start of the school year. **IMPORTANT: Late enrollees who sign up after July 21st will not be guaranteed transport before September 1st and will be processed on a first come first serve basis.***

All fees are for full school year service. All transportation services are provided subject to the rules and regulations for school bus transportation of the Blue Valley School District as in effect from time to time. By registering your student, you acknowledge the applicability of those rules and regulations and agree to be bound by them.

Date: _____ Phone: _____

Student Name	Student ID #	Grade	School	Service request	Free/reduced lunch

****Service Request: AM- to school ONLY; PM – to home ONLY; Both – ALL day**

Address: _____	Apt #: _____
City: _____	ZIP: _____
Alternate address for pick up/drop off: _____	

Emergency Contact Information

Parent/Contact Name:	Cell number	Work number	email

Services, Options and Costs if home to school distance is less than 2.5 miles:	Registration on/before June 30th	July 1 st forward
AM or PM only service	\$215.00	\$259.00
All Day service 1 st payrider	\$295.00	\$370.00
All Day service 2 nd payrider	\$265.50	\$333.00
All Day service 3+ payriders	\$236.00	\$296.00

Note: A multiple payrider discount is offered for ALL DAY service for families with more than one payrider student.

Please remit payment to: Durham School Services, 7321 W 135th Street, Overland Park, 66223

This contract shall be binding on both parties for its duration, the only exception being if a student moves outside of the attendance area or ceases to attend the school. In either event, the bus company must be notified in writing by the parent (guardian) in order for the parent (guardian) to be reimbursed, which will be based on a quarterly pro-rated basis less a 10% handling fee.

Payment Method: Check # _____ Money Order # _____ Visa ___ MasterCard ___ Discover ___ AMEX ___

Card Number: _____ CV code: _____ Expiration date: _____

Cardholder Name: _____ Billing zipcode: _____

Total paid: _____ Cardholder Signature: _____

Office use Only

Registered _____ Payment processed _____ Parent Notified _____ School Notified _____ Driver Notified _____