

# BARNSTABLE PUBLIC SCHOOLS

SANDY GIFFORD - Transportation Director, Phone (508)-790-6498  
JANET COBB – Dispatcher, Phone (508) 790-6497

Fax: (508)-790-6353

## FEE APPLICATION FOR TRANSPORTATION

During the 2011-2012 school year there will be a transportation fee for the following students:

- Grades K - 6, *Residing (2) miles or less from your prospective school*, who want bus transportation
- Grades 7 -12, *Regardless of distance*, who want bus transportation

\* Bus Passes **will not** be mailed. Once you are notified your pass is ready, you may pick it up at the Transportation office between 8:00 a.m. and 3:30 p.m. located at 845 Falmouth Road Hyannis.

**ALL 10/11 PASSES ARE VOID.**

### NO CHILD WILL BE ALLOWED ON A SCHOOL BUS WITHOUT DISPLAYING A VALID BUS PASS

*You are responsible for transporting your student until this process is complete.*

My child **WILL NOT** be using bus transportation 2011-2012 school year

**CHECK ONE:** After checking one of these boxes you must complete the section below

I **DO** want my child to receive bus transportation 2011-2012 school year

Parent's Name: \_\_\_\_\_ Residential Address: \_\_\_\_\_

Mailing Address (If different): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Student's Name: \_\_\_\_\_ School: \_\_\_\_\_ Gr. \_\_\_\_\_

Student's Name: \_\_\_\_\_ School: \_\_\_\_\_ Gr. \_\_\_\_\_

Student's Name: \_\_\_\_\_ School: \_\_\_\_\_ Gr. \_\_\_\_\_

### On Line application

**Bus Transportation Fees:** The fee is \$175.00 for the first child, \$175.00 for the second child of the same family and the maximum for one family is \$350.00 per year.

Please make all checks payable to: *Barnstable Public Schools – Note Transportation and your child's name(s) in the memo section.* Mail to: *Barnstable Public Schools, C/O Transportation 845 Falmouth Road Hyannis, MA 02601* OR you may bring them in to the Transportation Office at: 845 Falmouth Rd. Hyannis. **We accept Visa or Master Card. If paying by this method we need:**

M/C or Visa (circle one) # \_\_\_\_\_ Exp: \_\_\_\_\_

**The billing street address & Zip Code for the card:**

\_\_\_\_\_

**Cardholder:**

Print Name: \_\_\_\_\_ Signature \_\_\_\_\_

### On Line Application