

# Bus Request Form

## STUDENT INFORMATION

Student's Name	<input type="text"/>	Grade	<input type="text"/>
Student's Name	<input type="text"/>	Grade	<input type="text"/>
Student's Name	<input type="text"/>	Grade	<input type="text"/>
Student's Name	<input type="text"/>	Grade	<input type="text"/>
Student's Name	<input type="text"/>	Grade	<input type="text"/>

## PARENT/GUARDIAN INFORMATION

Name	<input type="text"/>	Relationship	<input type="text"/>	Phone Number	<input type="text"/>
Name	<input type="text"/>	Relationship	<input type="text"/>	Phone Number	<input type="text"/>
Street address	<input type="text"/>	City	<input type="text"/>	Email	<input type="text"/>

## OTHER EMERGENCY CONTACT PERSON (relative, neighbor, friend, etc.)

Name	<input type="text"/>	Relationship	<input type="text"/>	Phone Number	<input type="text"/>
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**CHECK ALL THAT APPLY. I am requesting that my child(ren) ride the bus:**  To and from school  To school only  Home from school only  
 One way only Kindergarten student (AM students ride in the morning, PM students ride after school).  Seminary to School (9<sup>th</sup> graders)

**Check the location requested:**  SHHS Seminary to school only (**no fee**)  PHS Seminary to school only (**no fee**)  Lake Shore/Benjamin  
 Spanish Fork  Genola/Goshen  Spring Lake  Payson  West Mountain  Springville/Mapleton  Santaquin

## BUS FEE - Cash, Credit Card, or Check (made out to APA-Salem) **Payment required before student(s) may begin riding.**

Check Schedule and Amount to Pay:

<input type="checkbox"/> Monthly (9 months) (\$17/student; \$27/family)	<input type="checkbox"/> 3-Months (3 sets) (\$45/student; \$75/Family)	<input type="checkbox"/> Yearly (Paid in full at the beginning of the school year) (\$135/student; \$225/family)
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Please note (must initial):

- By signing this form, I give my consent for my students listed above to be transported on American Preparatory Academy Buses. (Aug-June)
- American Preparatory Academy reserves the right to refuse bus service to any student, for any cause, which it may deem appropriate.
- I understand the bus fee is due on the 1st of the month. If payment is not received 7 days from due date, bus riding privileges will be suspended.
- I understand if I have an unpaid balance from any previous year(s) my student(s) will not be eligible to ride the bus until balance has been paid.
- I understand and agree that if my student is expelled from the bus, as deemed necessary by APA, all monies paid will be forfeited.
- I agree to notify the school if my child(ren) stop riding the bus. I will be responsible to pay each monthly payment until this notice is received.
- I understand that APA transportation is not a right, or a guarantee; it is offered as an optional convenience to those living farthest from the school.

**PARENT NAME (please print)**

**PARENT SIGNATURE**

**DATE**

(office use) Received by

Date received

Approved by

Bus #

Stop#