

## STUDENT INFORMATION

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_  
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## PARENT/GUARDIAN INFORMATION

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_

**EMAIL** (please print legibly, this is how you will be contacted about bus information) \_\_\_\_\_

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

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

**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) \_\_\_\_\_ Genola/Goshen \_\_\_\_\_ Santaquin \_\_\_\_\_ Spring Lake  
\_\_\_\_\_ Spanish Fork \_\_\_\_\_ Springville/Mapleton \_\_\_\_\_ West Mountain \_\_\_\_\_ Lake Shore/Benjamin \_\_\_\_\_ Payson (west of Peteetneet only)

**BUS FEE- CREDIT/DEBIT CARD VIA E-FUNDS.** You will be contacted via email if a seat is available for your student(s). No payment will be taken before approval is given to ride. Payment is required before student(s) begin riding.

### Check Schedule and Amount to Pay:

\_\_\_\_\_ Monthly (9 months) \_\_\_\_\_ 3-Months (3 sets) \_\_\_\_\_ Yearly (Paid in full at the beginning of the school year)  
(\$17/student; \$27/family) (\$45/student; \$75/Family) (\$135/student; \$225/family)

### 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**

Received by: \_\_\_\_\_ Date Received: \_\_\_\_\_ Approved by: \_\_\_\_\_ Bus # \_\_\_\_\_ Stop # \_\_\_\_\_