

2015-2016 TRANSPORTATION REGISTRATION FORM

School District: _____

Grade for 2015-2016: _____

Student Name: _____

Address: _____

Phone: _____

PLEASE MARK AN "X" NEXT TO ANY SELECTIONS THAT APPLY TO YOUR SON.

____ Will **NOT** require any transportation.

____ Will ride a bus provided by my sons' school district. (*Please circle your district*).

Haverford	Lower Merion	Marple- Newtown	Radnor	Springfield (MontCo)
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____ WILL RIDE A PREP BUS: (includes districts that reimburse school or family)

____ AM and PM ____ AM only ____ PM only

____ IS A PHILADELPHIA RESIDENT AND WISHES TO RECEIVE MONTHLY SEPTA TRANSPASSES

____ IS A NON-PHILADELPHIA RESIDENT AND WISHES TO PURCHASE THE STUDENT RAIL PASS

____ WILL RIDE A PREP SHUTTLE: (used if transporting to and/or from 16th and JFK Blvd.)

____ AM and PM ____ AM only ____ PM only

NOTES:

I UNDERSTAND THAT THE ANNUAL BUS FEE IS CALCULATED BASED ON MY GEOGRAPHIC LOCATION, THE COST TO SJP AND THE NUMBER OF STUDENT RIDERS WHO ENROLL IN THE BUSING PROGRAM. I ALSO UNDERSTAND THAT BY REQUESTING THE ABOVE BUS AND/OR SHUTTLE SERVICE THAT I AM OBLIGATED TO PAY THE FULL YEARLY FEE EVEN IF MY SON'S CIRCUMSTANCES CHANGE DURING THE YEAR (E.G JOINS AN ATHLETIC TEAM, OBTAINS A DRIVER'S LICENSE, ETC.).

I ALSO UNDERSTAND THAT ANY CHANGES TO OR CANCELLATIONS OF THE TRANSPORTATION SELECTIONS ABOVE MUST BE MADE IN WRITING AND SENT TO THE SJP FINANCE OFFICE (transportation@sjprep.org) NO LATER THAN AUGUST 1, 2015.

Parent Name (PRINT) Signature Date

APRIL 15 DEADLINE TO RETURN THIS COMPLETED FORM TO SJP FINANCE OFFICE
JULY 15 BUS ASSIGNMENTS MAILED TO FAMILIES
AUGUST 1 DEADLINE FOR CHANGING TRANSPORTATION SELECTION (MUST BE IN WRITING AND SENT TO transportation@sjprep.org)