



# BISHOP SCHOOL BUS APPLICATION FORM

Bus Rates are as Follows:      One Student Yearly      \$270.00  
Family Rate Yearly      \$370.00

*PLEASE PRINT CLEARLY and list each student and grade separately. Bus Stops will be assigned by home location and proximity to nearest stop.*

Grade	Student Last Name	Student First Name	Home Address

After School Transport is also offered to Families residing outside the Bishop Busing District on space availability and first come first served basis.

After School Attending (Circle one)	After School Program (Circle one)	Days Attending (Circle all that apply)
Yes      No	ACC      or      Boys and Girls Club	Mon    Tue    Wed    Thu    Fri

Emergency Contact Name	Telephone	Email Address (for notification purposes)

Notes:

Applications and checks should be submitted no later than July 20th, 2018. Copies of this application as well as Bishop Bus Schedules and Route Map are available online at [www.arlington.k12.ma.us](http://www.arlington.k12.ma.us) click on the Families Tab and then Bus Schedule and Transportation. All Bus Passes will be issued by Mail after applications have been accepted and processed.

Please submit this form with your check payable to Arlington Public School and send to:  
Arlington Public Schools, Business Office, 6th floor, 869 Mass Avenue, Arlington, MA 02476

Office Use Only				
Check #	Check Amt	Date Processed	Bus Stop	Date Pass mailed
	\$	____ / ____ / ____	Red # _____ Blue # _____	____ / ____ / ____