



DeLaSalle High School

2018 – 2019 Transportation Request

This is a request for transportation service. Please return this to DeLaSalle no later than **March 31, 2018 (and preferably at the time of ninth grade registration)**. Each year, DeLaSalle reviews these requests to create transportation routes to accommodate the needs of our families. If this form is submitted after **March 31, 2018** by a family requesting service outside the Minneapolis city limits, not meeting this deadline may inhibit the ability to be placed on a route.

Transportation is Requested For:

Student Name _____ **Grade in 2018-19** _____
Last Name First Name Middle Name

Home Address _____

City, State, Zip _____

In which public school district is this home located? _____

-----MINNEAPOLIS families end here-----ST. PAUL & SUBURBAN families continue below-----

St. Paul and Suburban Families ONLY:

- ____ Transportation is requested for both morning and afternoon routes. (Cost = \$1,200.00)
- ____ Transportation is requested for morning (AM) route only. (Cost = \$600.00)
- ____ Transportation is requested for afternoon (PM) route only. (Cost = \$600.00)

Person(s) Financially Responsible for Student Listed Above:

Name(s) _____

E-mail Address(es) _____

Home Phone (____) _____ Work Phone (____) _____ Cell Phone (____) _____

As the person(s) financially responsible for the above-named student, I/we wish to utilize school bus transportation service provided by DeLaSalle High School. I/we understand:

- I am responsible for paying the cost as specified above.
- The transportation cost (chosen above) will be billed with tuition on the same billing cycle.
- The cost I pay does not fully cover DeLaSalle’s expense in providing transportation.
- I must complete Form 1000 – Request for Transportation Reimbursement and I agree to remit or to sign over to DeLaSalle any school district transportation reimbursement.
- We will abide by the policies and procedures regarding transportation and safety as outlined in the Student-Parent Handbook.
- We will make any changes to this request in writing and we understand that a special arrangement must be approved by the Director of Transportation, who will take all students into consideration when making decisions.
- It is possible our request will not be approved (e.g., if a route cannot be efficiently made to service the address).

Payment Preference (please choose one):

- _____ One payment on or before May 25, 2018 (\$1200 for full service, \$600 for morning or afternoon only)
- _____ Two payments, each for half of the cost for the service chosen, the first due on or before May 25, 2018 and the second due on or before December 25, 2018.
- _____ Equal monthly installments added to my TADS tuition account beginning May 2018 through April 2019

Signature of Person(s) Financially Responsible for Above-Named Student _____
Date

For Office Use Only:
 Payment _____ Check # _____ Form 1000 _____ Business Office _____ Transportation Office _____