

**HOPKINS SCHOOL DISTRICT TRANSPORTATION FORM**  
**IHMCS – 2011-2012**

*This form must be completed and signed by all Hopkins School District families.*

LAST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE (Home): \_\_\_\_\_ (Dad's Cell or Work): \_\_\_\_\_

(Mom's Cell or Work): \_\_\_\_\_ (Emergency Contact): \_\_\_\_\_

SCHOOL DISTRICT WHERE YOU RESIDE: 270

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**STUDENT NAME**

**GRADE**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I. Check one line below:**

My child(ren) will use First Student bus transportation (Go to II)

My child(ren) will not use bus transportation. (Go to end of form and sign.)

**II.** Please provide the following **addresses** if different from above to be used in determining bus stops. Pick-up and drop-off locations must be the same 5 days a week, but may differ in the AM and PM.

A.M. Pick-up: \_\_\_\_\_

P.M. Drop-off: \_\_\_\_\_

**III. First Student Contract Bus Transportation Fees**

*Service Fee:* Round-trip service: \$235.00 per rider with a \$550.00 per family maximum cost.

*Payment Terms:* **A \$100 nonrefundable registration fee PER RIDER** (which will be applied against total amount due) **is due with registration. Please return registration form and fee by July 8, 2011.** If the total cost to bus your child/(ren) is not paid in full at the time of registration, the balance will be billed in three installments due August 31, and September 30, and October 31, 2011. Please make your checks payable to IHMCS.

I reside within the Hopkins School District and understand that IHMCS will retain the 2011-2012 school district transportation-reimbursement.

**PARENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

NOTE: No contract bus registration will be complete without a deposit check for the correct amount. The fee is non-refundable should your child(ren) not use the bus for the 2011-2012 school year. No refunds will be given if service is available. Routes and stops may be different from previous years and may change during the school year.