

XAVERIAN HIGH SCHOOL BUS TRANSPORTATION
7100 SHORE ROAD
BROOKLYN, NEW YORK 11209
718 836-7100 ext. 148

REGISTRATION FORM

STUDENT'S NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE () _____ E MAIL _____

Please indicate below which BILLING SCHEDULE that you will choose.

- _____ ANNUAL FEE (full payment of only \$1,800 is due by August 15, 2013) (Grades 6 to 11)
- _____ ANNUAL FEE (full payment of only \$1,650 is due by August 15, 2013) (Seniors)
- _____ MONTHLY PAYMENT PLAN (a charge of \$200 will be applied to my monthly tuition statement for service from September through June, (September through May for Seniors).
- _____ I would be interested in early evening transportation service.
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PARENTAL CONSENT:

I HAVE READ AND UNDERSTAND THE REQUIREMENTS OF THIS PROGRAM. I HEREBY CONSENT TO ALLOW MY SON/DAUGHTER TO ENROLL IN THE XAVERIAN HIGH SCHOOL TRANSPORTATION PROGRAM AND WILL ABIDE BY THE TERMS SET FORTH BY THE XAVERIAN ADMINISTRATION.

I UNDERSTAND AND AGREE THAT I AM CONTRACTING BUS SERVICE FOR THE ENTIRE SCHOOL YEAR, REGARDLESS OF THE NUMBER OF DAYS I UTILIZE BUS SERVICE.

I FURTHER UNDERSTAND THAT ENROLLMENT IN THIS PROGRAM IS FOR THE ENTIRE YEAR AND PAYMENT IS NON REFUNDABLE DUE TO ANY CANCELLATION OF SERVICE, FOR ANY REASON.

I HEREBY UNDERSTAND THAT IN THE EVENT OF ANY BEHAVIOR DEEMED INAPPROPRIATE BY DEVILLE BUS COMPANY AND/OR THE ADMINISTRATION AT XAVERIAN, MY SON/DAUGHTER WILL BE PROHIBITED FROM USING THE BUS SERVICE.

PARENT'S SIGNATURE X _____

(FOR OFFICE USE ONLY)

Borough _____ Student Name _____

Bus Stop #. _____ Student Grade _____

