 **Green Bay Area Public School District**

**Transportation Contract**

The district may provide transportation to those families that do not live at an address that is eligible for transportation under the parent paid guidelines. (Guideline can be found on the District web page) The transportation must be approved by the District Administrator or designee. The parent will be required to enter into a Parent Paid Contract with the District. You will be notified of the decision by mail. Following notification, if you agree to the contract, you will be required to send your payment to the District Transportation Office (address below) in full before transportation begins.

**Transportation Terms and Conditions**:

1. The annual transportation fee for all students for 2015-16 is $200. This means that no matter which programs a student attends or how far a student travels, the fee is the same.
2. The Parent/Guardian acknowledges and agrees that the students must comply with Green Bay Public School District’s Board Policy Rider Rules.
3. The Parent/Guardian may be required to meet the student at the designated bus stop for pickup and /or delivery, if it is deemed to be unsafe for the student to continue on to his or her home residence unaccompanied.
4. The Parent/Guardian agrees to pay the full fee in full before transportation begins.
5. The Parent/Guardian agrees that if the check is dishonored for any reason, the Parent/Guardian shall be liable to pay the NSF administration fees.
6. In the case where a Parent/Guardian enters into an agreement mid-year, a prorated fee is applicable, but must include the fee for the month service begins and run through the end of June ($20/month).
7. No refunds will be issued after March 30th when Parent/Guardian cancels transportation services.
8. When a refund is issued, one $20 service fee will be assessed when the Parent/Guardian initiates the cancellation.

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| Student Name:    **Student #1** | Home Address: | |
| Student School: | Pick Up Location: | Drop Off Location: |

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| Student Name:    **Student #2** | Home Address: | |
| Student School: | Pick Up Location: | Drop Off Location: |

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Signature of Parent/Guardian Date

**PLEASE RETURN COMPLETED FORM TO:**

**TRANSPORTATION SERVICES, 200 S BROADWAY, GREEN BAY WI 54301**

**OFFICE: 920-448-2130 FAX: 920-272-7066 or TRANSPORTATION@GBAPS.ORG**