



NORTH ANDOVER PUBLIC SCHOOLS
 TRANSPORTATION OFFICE, 566 MAIN STREET
 NORTH ANDOVER, MA 01845
 978-794-1503 x41275
 FAX: 978-794-0231
 Attn: Lucy McCarthy

2016-2017 TRANSPORTATION REQUEST AND PAYMENT FORM

STUDENT INFORMATION:

	Male Female	Date of Birth	School of Attendance	Grade	Bus Fee*
_____	_____	_____	_____	_____	\$ _____
Student Name					
_____	_____	_____	_____	_____	\$ _____
Student Name					
_____	_____	_____	_____	_____	\$ _____
Student Name					
_____	_____	_____	Total Fees Paid \$ _____		
Student Address	Apt./Unit #		Check/M.O. Enclosed _____		
			Payment Made On-Line _____		

ENROLLMENT STATUS, CHECK ALL THAT APPLY:

- | | |
|--|---|
| <input type="checkbox"/> Newly registered family | <input type="checkbox"/> Eligible Student: Will Ride Decline Busing |
| <input type="checkbox"/> Change of address within town | <input type="checkbox"/> Special Needs Transportation (use specialized form) |
| <input type="checkbox"/> Transfer to new school or grade within town | <input type="checkbox"/> New resident in town <input type="checkbox"/> Direct Certification |
| <input type="checkbox"/> Elementary Student has been placed at a school outside the residence neighborhood school. | |

ALTERNATE TRANSPORTATION

_____	Breakfast Club	<u>Circle Days of Attendance</u>	M	T	W	TH	F
Student Name							
_____	Kids Stop		M	T	W	TH	F
Student Name							
_____	Youth Center		M	T	W	TH	F
Student Name							

Parent/Guardian Signature							

***Bus Fee: Enter \$0** if the student is eligible for free transportation i.e., grade K-6 lives 2 miles or more from school, is placed by the district at the school, or qualifies for free transportation based on family income.

Enter \$330.00 if paying **prior to July 1, 2016.**
Enter \$360.00 if paying **on or after July 2, 2016.**
Enter \$80.00 if your child qualifies for the reduced bus fee, based on the family income. Make checks/Money Orders payable to "Town of North Andover".

PARENT INFORMATION:

Name _____ **E-MAIL ADDRESS:** _____
Please Print

Address _____ Home Phone _____
(If different from Student)

Cell Phone _____



PLEASE PROVIDE ANY ADDITIONAL INFORMATION ABOUT YOUR STUDENT(S) THAT WOULD HELP US TO BETTER SERVE THEM. Please use the reverse side of this page. Or send your e-mail to:

mccarthy@northandoverpublicschools.com
