

Tyngsborough Public Schools 7-12 Transportation Registration Form

Student Name _____ Date _____

Address _____ 08-09 Grade _____

Parent Name _____

Please select one:

- Tyngsborough Middle School (7-8)
- Tyngsborough High School (9-12)
- Academy of Notre Dame (7-12)

Please select one:

- I have already submitted a Transportation Form for 08-09.
- I have attached a Transportation Form for my child.

Please select one:

- My child had a school picture taken last year.
- I have attached a photograph of my child to be used on their bus pass.

Payment:

Bus fees are \$200.00 per child, with a family cap of \$500.00.

- \$200.00 (For first or second child)
- \$100.00 (For third child)
- \$ 0.00 (For additional children)

Please make checks payable to Tyngsborough Public Schools.

Checks only. Cash payments cannot be accepted.

<i>Office Use Only</i>	
Check # _____	Amount _____
Date Paid _____	Approved _____