

Student Ride Agreement 2009-2010

Who is Eligible:

The following boundaries have been approved by the School Board for bus transportation service:

- To the East, Cedar Avenue
- To the North, the Crosstown (Highway 62)
- To the South, the Minnesota River (there will be a bus that runs substantially along Highway 13 that will have 4 mega-stops)
- To the West, York Avenue north of Interstate 494 to Highway 62 and Highway 169 south of Interstate 494

How to Apply:

Complete the attached form to apply for transportation services and submit by mail or fax to:

Seven Hills Classical Academy Fax #: 952-426-6020
Student Transportation
8600 Bloomington Ave. S.
Bloomington, MN 55425

This application must be submitted by **June 1, 2009**
for service to begin on the first day of school.

What is the Approval Process:

The application will be reviewed by the Student Transportation Representatives. They will then determine pick-up and drop-off locations that fit routing and scheduling.

Students will be required to use the nearest established stop. No new stops will be added to accommodate convenience. After stops have been determined, SHCA/BP will contact families with bussing information.

SHCA/BP may cancel any student's privilege to ride at any time due to safety/discipline issues.

If a student does not ride the bus for ten (10) consecutive days the stop may be cancelled.

Bus Ride Application 2009-2010

Student Name _____
(One form for each student)

School (circle one) SEVEN HILLS BEACON PREP Grade (09-10) _____

Parent/Guardian Name _____

Home Address: Street _____

City _____ Zip _____

Phone Numbers: Home _____

Work _____

Cell _____

TRANSPORTATION REQUEST

Transportation TO SCHOOL Yes _____ No _____

Morning Address (if different than home address)

Street _____

City _____ Zip _____

Phone # for this address _____

Name of Caregiver at this address _____

Transportation FROM SCHOOL Yes _____ No _____

Evening Address (if different than home address)

Street _____

City _____ Zip _____

Phone # for this address _____

Name of Caregiver at this address _____

Parent/Guardian Signature _____

Date _____