

AVOCA SCHOOL DISTRICT NO. 37
2016-2017 SCHOOL YEAR – BUS FEE PAYMENT

Name of Parent _____ Home Phone _____

Name of Child _____ Name of Child _____

Name of Child _____ Name of Child _____

Address _____

TWO-WAY BUS SERVICE

Bus Fee per Family – Full Payment Due by June 30, 2016 (Please circle one)

1 Child	\$500.00
2 Children	\$900.00
3 Children	\$1,250.00
4 or More Children	\$1,400.00

Less \$50.00 discount per family if paid by June 30, 2016

**Bus Fee per Family–Partial Payment Due by June 30, 2016 & November 1, 2016
(Please circle one.)**

1 Child	\$250.00
2 Children	\$450.00
3 Children	\$625.00
4 or More Children	\$700.00

Less \$50.00 discount per family if paid by June 30, 2016

_____ Please check if you are electing the two payment plan and agree to the following statement: I give my permission to the Business Office to charge my credit card for my second bus payment on November 1, 2016.

ONE-WAY BUS SERVICE

Bus Fee per Family – Full Payment Due by June 30, 2016 (Please circle one)

1 Child	\$275.00	(A.M. or P.M.)
2 Children	\$500.00	(A.M. or P.M.)
3 Children	\$700.00	(A.M. or P.M.)
4 Children	\$900.00	(A.M. or P.M.)
Each Add'l Child	\$175.00	(A.M. or P.M.)

Less \$50.00 discount per family if paid by June 30, 2016

Please continue to the back of this form.

Bus Fee per Family–Partial Payment Due by June 30, 2016 & November 1, 2016

(Please circle one)

1 Child	\$137.50	(A.M. or P.M.)
2 Children	\$250.00	(A.M. or P.M.)
3 Children	\$350.00	(A.M. or P.M.)
4 Children	\$450.00	(A.M. or P.M.)
Each Add'l Child	\$ 87.50	(A.M. or P.M.)

Less \$50.00 discount per family if paid by June 30, 2016

_____ **Please check if you are electing the two payment plan and agree to the following statement: I give my permission to the Business Office to charge my credit card for my second bus payment on November 1, 2016.**

Method of Payment (please select one)

Cash _____ Check _____ MasterCard _____ Visa _____ Discover _____

Credit/Debit Card Payments

Account Number _____

Name as it Appears on Account _____

Address of Card Holder if Different from Child _____

Expiration Date on Card ____ / ____ (Month/Year)

Amount to be Charged/Debited _____

Signature of Card Holder _____