

**AVOCA SCHOOL DISTRICT NO. 37
2017-2018 SCHOOL YEAR – BUS FEE PAYMENT FORM**

Name of Parent _____ Phone _____

Address _____

TWO-WAY BUS SERVICE:

	<u>Full</u> By 6/30	<u>Full</u> After 6/30	<u>Half</u> By 6/30, 11/1	<u>Half</u> After 6/30, 11/1
1 Child	\$480	\$555	\$240	\$277.50
2 Children	\$910	\$985	\$455	\$492.50
3 Children	\$1290	\$1365	\$645	\$682.50
4 or more	\$1395	\$1470	\$697.50	\$735

Child _____ Grade _____ Amount _____

Child _____ Grade _____ Amount _____

Child _____ Grade _____ Amount _____

Child _____ Grade _____ Amount _____

TOTAL _____

Method of Payment (Please select one)

Cash _____ Check# _____ MasterCard _____ Visa _____ Discover Card _____

Credit/Debit Card Payments

Account Number _____

Name on the account _____ Expiration Date ____/____/____

Amount to be charged \$ _____

Signature of card holder _____

_____ Please check if you are electing to send a check to the Business Office for your second payment by November 1, 2017.

_____ Please check to give permission to the Business Office to charge your credit card on file for your second bus payment on November 1, 2017.

**AVOCA SCHOOL DISTRICT NO. 37
2017-2018 SCHOOL YEAR – BUS FEE PAYMENT FORM**

Name of Parent _____ Phone _____

Address _____

ONE-WAY BUS SERVICE: (A.M. or P.M.)

	<u>Full</u> By 6/30	<u>Full</u> After 6/30	<u>Half</u> By 6/30, 11/1	<u>Half</u> After 6/30, 11/1
1 Child	\$240	\$315	\$120	\$157.50
2 Children	\$480	\$555	\$240	\$277.50
3 Children	\$695	\$770	\$347.50	\$385
4 or more	\$910	\$985	\$455	\$492.50
Each add'l Child	\$190			

Child _____ Grade _____ Amount _____

Child _____ Grade _____ Amount _____

Child _____ Grade _____ Amount _____

Child _____ Grade _____ Amount _____

TOTAL _____

Method of Payment (Please select one)

Cash _____ Check# _____ MasterCard _____ Visa _____ Discover Card _____

Credit/Debit Card Payments

Account Number _____

Name on the account _____ Expiration Date ____/____

Amount to be charged \$ _____

Signature of card holder _____

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