

2011 - 2012 School Year

Parent Contract Customers:

Please take a moment to complete the Student Registration Form filling it out completely and accurately. Due to the ever changing day care concerns, it is very important that we know what day care provider you have chosen and the days your children attend. After we receive your completed application, we will begin the routing process.

The **signed** Parent Contract agreement must be returned to our office **before transportation begins**. This includes the invoicing information located on the application from.

Invoices will be mailed on the 15th of each month for the upcoming month of transportation. Also, please be aware that if you choose to cancel transportation, there will be no refunds for payments already received.

Our preferred payment methods are; personal checks, money orders, credit or debit cards. We will also accept cash, but prefer smaller denominations.

If you have any questions please feel free to call us. Better yet, it's always nice to meet people in person so feel free to stop in if possible. Jefferson Bus is located at 1501 South Industrial Avenue just off Collins Road.

PLEASE REMEMBER TO COMPLETE YOUR STUDENT
REGISTRATION FORM COMPLETELY AND SIGN THE CONTRACT
AGREEMENT ON THE REVERSE SIDE. DUE TO THE AMOUNT OF
CALLS AS SCHOOL APPROACHES, PLEASE RETURN YOUR
APPLICATIONS AS SOON AS POSSIBLE.

Note to parents of K4 students:

Please remember to indicate if your student
will be attending the AM or PM session!

Sincerely,



Brain Monfre
Jefferson Bus Service, Inc.
Owner

Jefferson Bus Service Parent Contract Agreement
2011 - 2012 School Year

1. Transportation will not begin until a signed Parent Contract has been returned to us.
2. Fees for transportation are as follows:
Round Trip (AM and PM) \$1.80 One Way (AM or PM) \$.90
The prices listed above are per child, per scheduled day of school,
rounded up to whole dollar amounts.
3. Invoices will be mailed on the 15th of each month for the upcoming month of transportation. Payments must arrive at the JBS office on or before the first of the month following the invoice date. For example, on October 15th you will receive your invoice for November transportation. Payment would be due in our office on or before November 1st.
4. Your invoice will contain a \$12.00 service charge. You may subtract the service charge if your payment arrives, or is postmarked, on or before the first day of the month. Payments received or postmarked after the close of business on the first day of the month must include the service charge, which becomes part of the invoice and is due and owing in order for transportation to continue.
5. Failure to comply with item 4 will result in cancellation of the Parent Contract.
6. Routes developed and funded by the School District of Jefferson can not, and will not be changed to accommodate in town transportation.
7. There will be no service to baby sitters or day care providers unless regularly scheduled routes go past that location.
8. Invoices reflect regularly scheduled school days for that month. Payments must be made for every planned school day regardless of days when a student may not ride the bus due to illness, inclement weather, etc.
9. Refunds for transportation payment will not be made for any reason.
10. Jefferson Bus may cancel any contract at its discretion. Reasons for cancellation may include:
District route changes Overloads caused by in town students
District Policy changes Failure to make timely payments
Unsatisfactory student behavior Failure to pay service charges for late payments
11. Jefferson Bus will refuse to issue a contract if a balance has been left from a previous school term. Those open item balances must be paid in full before a new contract can be issued.
12. Parents must contact Jefferson Bus prior to the first of the month if they choose to cancel transportation. Failure to contact our office will result in full payment of the outstanding invoice and service charges.

Signature: _____

Date: _____

JEFFERSON BUS SERVICE
PARENT CONTRACT REGISTRATION FORM

BILLING INFORMATION

Bill Monthly _____ Bill for Entire Year _____ (No Refunds)

Billing Name: _____

Billing Address: _____

City: _____ State: _____

Home Phone: _____ Work Phone: _____

Emergency Contact: _____ Phone: _____

*PLEASE REMEMBER TO **SIGN** YOUR CONTRACT ON THE REVERSE SIDE!*

1st STUDENT:

First Name: _____ Last Name: _____ Grade: _____

School: _____ Time: AM Noon PM Days: M T W Th F

Sitter/Day Care: _____

Address: _____ Phone: _____

2nd STUDENT:

First Name: _____ Last Name: _____ Grade: _____

School: _____ Time: AM Noon PM Days: M T W Th F

Sitter/Day Care: _____

Address: _____ Phone: _____

3rd STUDENT:

First Name: _____ Last Name: _____ Grade: _____

School: _____ Time: AM Noon PM Days: M T W Th F

Sitter/Day Care: _____

Address: _____ Phone: _____