

**AVOCA SCHOOL DISTRICT NO. 37  
2019-2020 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	\$500	\$575	\$250	\$287.50
2 Children	\$1000	\$1075	\$500	\$537.50
3 Children	\$1500	\$1575	\$750	\$787.50
4 Children	\$2000	\$2075	\$1000	\$1037.50
Each add'l Child	\$500		\$250	

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 (Additional Service Fee of 3.56% will be charged for credit and 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, 2019.

\_\_\_\_\_ Please check to give permission to the Business Office to charge your credit card on file for your second bus payment on November 1, 2019.

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2019-2020 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	\$300	\$375	\$150	\$187.50
2 Children	\$600	\$675	\$300	\$337.50
3 Children	\$900	\$975	\$450	\$487.50
4 Children	\$1200	\$1275	\$600	\$637.50
Each add'l Child	\$300		\$150	

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 (Additional Service Fee of 3.56% will be charged for credit and debit card payments)**

Account Number \_\_\_\_\_

Name on the account \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Amount to be charged \$ \_\_\_\_\_

Signature of card holder \_\_\_\_\_

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