

2009-10
VISTA TRANSPORTATION CONTRACT*
2455 Visitation Drive Mendota Heights, MN 55120

STUDENT NAME _____
Last Name First Name

HOME ADDRESS _____ **GRADE** _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____
Father Mother

SCHOOL DISTRICT _____ DISTRICT # _____ BIRTHDATE _____

The above student attends: Saint Thomas Academy _____ Visitation _____

***If you need bus service and reside in District #197 (55118, 55120, 55121 and parts of 55122 & 55123), please contact the district office #651.403.8320 for your transportation needs.**

COST OF BUS 2009-10:

Cost is per student. Bus fee plus your district reimbursement, where applicable.

Bus routes are determined by the families who deposit by April 30, 2009.

Deposit of \$400.00 due on April 30, 2009 and the balance of the fee due July 31, 2009.

All bus information will be sent the week before school starts. A bus pass will be required on the first day of school.

We have enclosed our deposit of \$400.00 and **we agree to pay the balance by July 31, 2009.** In addition to the fee, we will remit our district reimbursement check to the transportation office. I also understand that my obligation to pay for the bus is unconditional and that I must pay this cost regardless of my circumstances.

Parent or Guardian Signature _____ Date _____

THE FOLLOWING INFORMATION MUST BE READ AND SIGNED BY ALL STUDENT COMMUTERS GRADES 5-12.

I understand that while riding the bus, my conduct will be such that I will not distract the driver, be loud or rude, use vulgar language, use alcohol, tobacco (chew or smoke), destroy property, or behave in a manner unbecoming of a Visitation or Saint Thomas Academy student. I also understand that any violations pertaining to behavior will jeopardize my commuting privileges.

Student signature _____ Date _____

Please return this "signed" form and \$400.00 to:

VISTA Transportation, 2455 Visitation Drive, Mendota Hts., MN 55120
Any questions, please call #651.683.1770.