

SCHOOL BUS SERVICES

Marshall Academy provides bus services for families in the Byhalia/Victoria/Red Banks/Olive Branch area.

If you are interested in our bus services, please complete the attached BUS STUDENT INFORMATION & SIGN UP form. All bus students are required to follow school rules and bus safety rules when riding school buses.

The monthly assessment:

Regular daily, 2-way service	\$137.00 per student/\$205.00 for 2 family members*
Regular daily, 1-way service	\$95.00 per month/\$142.00 for 2 family members *

*1/2 price for each additional child

Bus services are payable for the ten (10) months of school (August - May). Fees may either be pre-paid annually or monthly. Monthly payments must be paid by credit card or bank draft, either on the 1st or 15th day of each month. **Please complete the section of the attached sign-up form to select your payment option.**

If you would like to sign up for bus services, or if you have any questions regarding bus services or locations for pick-up, please contact the school office (662-252-3449).

BUS STUDENT INFORMATION & SIGN UP
2017-2018 School Term

STUDENT NAME: _____ GRADE: _____

STUDENT NAME: _____ GRADE: _____

HOME ADDRESS: _____

RIDE SELECTION: _____ 2 WAY DAILY RIDER-\$137.00/mo.
 _____ \$205.00 for 2 family members

 _____ 1 WAY DAILY RIDER-\$95.00/mo.
 _____ \$142.00 for 2 family members

PAYMENT: _____ ANNUAL PREPAY _____ MONTHLY (please complete back of this form)

STUDENT LIVES WITH: ___ Mom ___ Dad ___ Both Parents ___ Other: _____

Mother's Information:

Name: _____ Employer: _____

Work Phone (____) ____ - _____ Ext. _____ Cell Phone (____) ____ - _____

Home Phone (____) ____ - _____

Father's Information:

Name: _____ Employer: _____

Work Phone (____) ____ - _____ Ext. _____ Cell Phone (____) ____ - _____

Home Phone (____) ____ - _____

Emergency Contact: (1) _____ Phone (____) ____ - _____

 (2) _____ Phone (____) ____ - _____

WILL CHILD REQUIRE A CAR SEAT: ___ YES ___ NO If yes, please provide permanent seat for bus.

*****ADDRESS WHERE STUDENT IS TO BE DROPPED OFF:**

_____ *******

PLEASE COMPLETE THE BUS FEE PAYMENT SELECTION ON BACK

**BUS FEE PAYMENT SELECTION
FOR 2017-2018 SCHOOL TERM**

I. BANK DRAFT

Marshall Academy is hereby authorized to establish a bank draft for payment of BUS FEES. I further authorize Marshall Academy and the Bank of Holly Springs to initiate entries to my checking or savings accounts and, if necessary, initiate adjustments for any transactions credited or debited in error. This authority will remain in effect through the above stated school term or until the school, bank and your financial institution have reasonable opportunity to act on it. **A voided check or savings slip for this account must accompany this authorization to obtain necessary financial institution information, or provide bank information.**

Bank Name _____

Type of Account: ___Checking ___Savings Bank Routing# _____

Bank Account# _____

Name on Account: _____

Draft Amount: \$ _____ Payment Date: ___1st ___15th (August - May)

II. CREDIT CARD* 2.5% Convenience Fees apply to all credit card payments*****

Marshall Academy is hereby authorized to initiate entries for payment of BUS FEES to my credit card as listed below. I further authorize Marshall Academy to initiate adjustments for any transactions credited or debited in error. This authority will remain in effect through the above stated school term or until the school or credit card service have reasonable opportunity to act on it.

Type of Credit Card: ___VISA ___MasterCard ___Discover ___American Express (3.5%)

Card Information: Name: _____

Account Number: _____

Expiration Date: ____/____ (MM/YY)

Draft Amount: \$ _____ Payment Date: ___1st ___15th (August - May)

SIGNATURE

DATE