

SCHOOL BUS SERVICES 2023-2024

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	\$165.00 per student/\$240.00 for 2 family members*
Regular daily, 1-way service	\$125.00 per month/\$170.00 for 2 family members *

*½ 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) or Susan Minor, van driver, (901-277-1476).

**BUS FEE PAYMENT SELECTION
FOR 2023-2024 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.

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* 3.0% 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