## ST. PAUL CATHOLIC HIGH SCHOOL 1001 STAFFORD AVENUE BRISTOL, CT 06010 860-584-0911

FAX: 860-585-8815

## OUT-OF-TOWN BUSING CONTRACT 2024-2025

I request out-of-town bus transportation to and from St. Paul Catholic High School for the 2024-2025 academic year. I understand that all St. Paul rules will apply on the bus to and from the school. In the event that my child withdraws from the school, is excluded by the bus company or the school for disciplinary reasons, or chooses to no longer utilize the service during the school year, I understand that **no refund will be made**. All buses arrive at St. Paul by 7:30 A.M. and depart at 2:18 P.M. Please note that when school is on a 2-hour delay, the morning buses start their runs on a 90-minute delay.

Parent/Guardian Name:			
Street Address:			
Town:	Zip Code	Telephone:	
Emergency Contact:		Telephone:	
Student(s) who will ride the bus:		Year of Graduation	
NAME OF BUS STOP: A.MP. M			
If unsure of bus stop, please list the cross Elizabeth Gunn in the Finance Office at 8		st to your house. Please direct all route quels, <a href="mailto:egunn@spchs.com">egunn@spchs.com</a> .	estions to
	\$3,125 per student.	ed drastically, while ridership has decrease As an accommodation for our out-of-town Town Bus Fee.	
Out-of-Town Bus Fee: \$1,100.00 first cl \$800.00 each add We are not able to offer reductions for	ditional sibling	portation.	
Please include my bus fee in my	payment plan. I agr	ree to pay a deposit of \$100 by April 15,	2024.
I do not choose to have the bus fe April 15, 2024 and the balance	<i>,</i> , , , , , , , , , , , , , , , , , ,	yment plan. I agree to pay a deposit of \$ t 30, 2024.	100 by
Responsible Party Signature	·	Date	-

This form must be returned to the Finance Office by April 15, 2024, along with a \$100 deposit to reserve a seat on the bus.