

PLEASE NOTE: LATE REGISTRATION FEE AFTER AUGUST 5, 2010

May 13, 2010

Dear Parent/Guardian,

School transportation registration for school year **2010-2011** will occur on the date/times listed below for the Newburyport Public Schools, River Valley Charter School, and the Immaculate Conception.

Fees for the 2010-2011 school year are \$275.00 for each pass / \$550.00 family maximum, however will be offering an early registration discount rate.

Early Registration at the discounted rate of \$225

Tuesday, June 8, 2010 9:00 a.m. – 12:00 p.m.

Thursday, June 10, 2010 9:00 a.m. – 12:00 p.m.

Thursday, June 10, 2010 5:00 p.m. – 7:00 p.m.

August Registration at \$275.00

Tuesday, August 3, 2010 9:00 a.m. – 12:00 p.m.

Thursday, August 5, 2010 9:00 a.m. – 12:00 p.m.

Thursday, August 5, 2010 5:00 p.m. – 7:00 p.m.

Registration will be located at the Superintendent's Office, 70 Low Street (*R. A. Nock Middle School*)

Any registrations after the last registration date will be subject to a \$25 late fee.

Students eligible for Mandated Transportation are the following:

- 1.) All students in grade K through grade 6 that live more than 2 miles from school.
- 2.) All students who qualify for free and reduced lunch

All other students are eligible for ridership by paying the transportation fee:

- 1.) All students in grade K through grade 6 that live 2.0 miles and under
- 2.) All students in grades 7 – 12.

All students who ride the school bus must be issued a school bus pass and must register in order to be issued a bus pass. School bus routes and bus stops are determined by registrations. Therefore, unfortunately, we cannot guarantee the availability of a seat if you do not register at the times listed above.

Only FULL DAY/FULL YEAR passes are available. Also, students will only be allowed to ride the school bus to which they are assigned to be transported from "home to school" and "school to home".

REGISTRATION FORM (make checks payable to Newburyport Public Schools)

Student Name _____ Home Tel. _____

Home Address _____ Work Tel. _____

Licensed Daycare Provider Address: _____
(If applicable)

School _____ Grade _____ Mileage _____

Parent Name (*please print*) _____

Parent Signature _____

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Questions can be directed to Nancy Lysik @978-465-4456 or emailed to nlysik@newburyport.k12.ma.us

Mileage _____ Verified by _____