

EAST LONGMEADOW PUBLIC SCHOOLS

180 Maple Street
East Longmeadow, MA 01028



Phone: (413) 525-5450
Ext. 5: Transportation Manager

BUS TRANSPORTATION REGISTRATION FOR 2016-2017

All students must complete a registration form each year regardless of whether a fee is paid or not

To the Parent(s) /Guardian(s) of:

Name(s):	Contact:
Street:	Phone:
	Email:

We are opening registration for bus transportation for the 2016-2017 school year. In order to create efficient routes, you **must** register your child(ren) prior to **Monday, August 1, 2016**.

YOU MUST REGISTER YOUR CHILD(REN) ANNUALLY. If your child(ren) lives less than 2 miles from their assigned school and is in grade K-6 OR your child(ren) is in grades 7-12, there is a fee of \$270 per child with a family cap of \$540. If your child(ren) is in grades K-6 and lives more than 2 miles from their assigned school, there is no fee, **but you must still register for transportation. M.G.L. c.71, s.68**

1. **The DEADLINE for registration is August 1, 2016.** This form needs to be completed and returned to the Superintendent’s office. Registrations will be processed in the order in which they are received.
2. A deposit of \$90 per student is required at the time of registration. The balance must be paid in full by **September 1**, in order to receive a bus assignment and a bus pass. Checks or money orders may be made payable to **ELPS**.
3. **ON-LINE PAYMENTS: the payment confirmation is your student(s) registration form:**
 - a. Enter: www.eastlongmeadowma.gov; Select: On-LINE BILL PAY
 - b. Locate: School Department Payments; Select: BUS FEES
4. **LATE REGISTRATIONS, those received after August 1**, will be processed in the order received and some buses do fill to capacity. Therefore, **seating will not be guaranteed** after registration deadline and late registrants may be put on a waiting list.

Student Name	School	Status	Will Ride	Payment in full	Installments*

* In the 2015-2016 School Year, was your child(ren) eligible for free or reduced lunch? Yes ___ No ___ If yes, please complete a “Sharing Information with Other Programs” form that you may find on the District’s website OR call the office.

Request for a BUS STOP LOCATION that is DIFFERENT than HOME ADDRESS

I request a bus stop location that is ***different*** than ***my home*** address due to Daycare reasons. I understand that this request is subject to seat availability, must be the same stop Monday through Friday, must be on existing bus routes, and within my child’s school zone.

Student(s): _____ AM () PM ()

Name of Daycare _____

Address of Daycare for pick up/drop off _____

Signature of Parent/Guardian: _____ Date: _____