

**LOWER VALLEY BUS COSTS & TIMES - 2018-19 SCHOOL YEAR**

**BUS COSTS**

**\$55.00 MONTHLY/PER CHILD      BOTH WAYS**  
**\$45.00 MONTHLY/PER CHILD      ONE WAY**  
**\$5.00 PER RIDE/PER CHILD      OCCASIONAL**

Please be at the bus stop 5 minutes before the designated times. During inclement weather, the bus may run a little late.

**A.M. Bus Stops & Times**

7:00 Farmer's Insurance  
(1<sup>st</sup> Ave. & Shearer Lane, Toppenish)  
7:10 Heritage College Annex  
7:25 Harrah (Park & Ride)  
7:40 Wheeler's (Kyle's) Country Corner  
(Lateral A & West Wapato Rd)  
8:03 St. Joseph/Marquette School

**P.M. Bus Stops & Times**

3:10 Depart the School  
3:25 Wheeler's (Kyle's) Country Corner  
3:35 Toppenish High School  
3:40 Kirkwood Elementary  
3:55 Heritage  
4:15 Harrah (Park & Ride)  
4:25 Gasseling's (4830 W Wapato Rd)

**½ Day Schedule**

11:35 Depart the School  
11:50 Wheeler's Country Corner  
12:00 Toppenish High School  
12:05 Kirkwood Elementary  
12:20 Heritage  
12:40 Harrah (Park & Ride)  
12:50 Gasseling's

**REGISTRATION**

A. Parent/Guardian (Please give names for both parents.)

Father's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Mother's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

B. Address: \_\_\_\_\_ C. Home Phone: \_\_\_\_\_  
\_\_\_\_\_  
(City) (Zip Code)

D. Alternate Emergency Contact: \_\_\_\_\_  
(Last Name) (First Name) (Relationship)  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E. List All Students Using the Bus and Grade Level for 2018-19

<u>Last Name</u>	<u>First Name</u>	<u>Grade</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

F. Bus Use: (Please check the frequency your child/children will ride the bus.)

Full Time: \_\_\_\_\_  
Part-Time: \_\_\_\_\_  
Occasional: \_\_\_\_\_

G. Bus Stops: (Please write in the name of each bus stop your child/children will use.)

AM Bus Stop: \_\_\_\_\_  
PM Bus Stop: \_\_\_\_\_

Billing for this program will be on your monthly statement. Payment will be due on the 10<sup>th</sup> of each month with the first billing due October of 2018. Last billing will be due in June of 2019.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_