

**FOXBOROUGH REGIONAL CHARTER SCHOOL  
2010-2011 REGIONAL SCHOOL BUS TRANSPORTATION  
REGISTRATION/CONTRACT**

\*Parent/Guardian Name: \_\_\_\_\_

\*Address: \_\_\_\_\_

\*Email: \_\_\_\_\_ \*Phone/Cell Phone: \_\_\_\_\_

**ALL STUDENTS WHO PLAN TO RIDE THE REGIONAL AND/OR LATE BUS MUST REGISTER, including students eligible for free and reduced fee transportation.**

*2010-2011 Fee for Regional Round Trip Bus Passes will be \$80.00 per family (only one form needed per family). Please complete all sections of the form and return with payment.*

*Assignments for LATE registrant families will be processed based on seat availability, the 2010-2011 registration deadline is April 30<sup>th</sup>, 2010.*

\_\_\_\_\_ Please **initial** indicating that you've reviewed the Transportation & Bus Conduct Guidelines, the Bus Conduct Discipline Rules and other school bus information included in your registration package, also located on our website [www.foxboroughrcs.org](http://www.foxboroughrcs.org). Your registration will **NOT** be processed without your review and initials. \*

We wish to register for Fee-based Regional bus passes: \$80 per month per family unit, I've included the first month's fee my deposit is **non-refundable** and in the form of a money order or cashier's check.

We wish to register for the **Late Bus\*\***, at no additional fee my child(ren) ride the Regional Bus.

We wish to register for the **Late Bus\*\***, at a fee of \$20 per month per family unit, my child(ren) do **NOT** ride the Regional Bus.

\*\*Students participating in after school Academic Enrichment programs may use the **Late Bus** - students serving detention may **NOT** ride the **Late Bus**. A 'Note from Home' is a **requirement** for Grade 1, Grade 2 and Kindergarten students on the days they use the **Late Bus**. The **Late Buses** operate Monday thru Thursday only.

Student Last Name	First Name	2010-11 Grade	Sibling Wait List	Total Amount Due
_____	_____	_____	Y N	_____
_____	_____	_____	Y N	
_____	_____	_____	Y N	
_____	_____	_____	Y N	

**Siblings not currently attending FRCS but on the FRCS Sibling Wait List must be included.**

**Bus Stop Request (choose from current 2009-10 routes/stops)**

Example: Option 1 – Red/Dairy Queen, Option 2 – Orange/Stop & Shop, Option 3 – White/Keys of Kingdom

Bus Route/Stop Option 1: \_\_\_\_\_ Bus Route/Stop Option 2: \_\_\_\_\_

Bus Route/Stop Option 3 \_\_\_\_\_

(2009-10 bus stop assignments will be made based upon requests & the need for services)

**Bus Stop Suggestion** (please provide detailed information about location, students must be able to board the bus w/o crossing the street, stop must be accessible in winter, shelter for student(s) or adequate parking for parents is necessary):

\*This information is **required**, incomplete forms will not be processed.

**CONTINUED**

**Please initial each box and sign below for fee based transportation services.**

I understand that the cost may fluctuate according to the number of families/riders in the program, adjustments if necessary will be made quarterly; I understand that fees are due **monthly** and all balances must be paid in full prior to the start of a new quarter. I understand that I will **not** be sent a bill that it is my responsibility to make prompt payments and maintain a record of same. I confirm that all outstanding balances must be paid prior to my child boarding the first day of school, 2010. I understand that any outstanding balances are charged a \$25.00 late fee and that this ensures continued bus services to my child.

I agree to pay a fee of \$25.00 per returned check.

I understand that I will be responsible for any costs associated with any vandalism or damage to the bus caused by my child.

For transportation Financial Assistance consideration **COMPLETELY CONFIDENTIAL** a 2010-11 Fee Waiver application must be submitted (available in August 2010). I understand I am responsible for the monthly fee until my application is approved.

I agree to provide at least thirty (30) days notice to discontinue fee based services and cancel ridership and that a \$50.00 penalty fee will be charged in the event of cancellation without the proper thirty (30) day notification. I understand that balances must be paid in full quarterly and late charges will incur on past due balances regardless of cancellation during a quarter.

The school bus transportation expenses are incurred on an annual contractual basis. Since F.R.C.S. must meet these contractual obligations no refunds will be issued as a matter of policy.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Please bring your completed registration form with the first month's fee to the 2010-11 Registration Open Houses, return along with your completed Transportation Registration any additional forms appropriate to your level of service i.e.: **Emergency Contact Form**, signed/dated **Bus Conduct Guidelines** form & **Emergency Medication During Bus Transport** (optional) form. Available in August 2010: Extended Day Care, Student Driver Registration & Carpool Reservation forms.

**MAKE PAYMENTS PAYABLE TO F.R.C.S. to: Foxborough Regional Charter School  
Transportation Program  
131 Central Street  
Foxborough, MA 02035**

***Those families who register by the deadline date, with the first month paid in full, and who register late and have paid in full including the late fee may pick up your passes at the Back to School Open House or they will be handed out in Home Room on the first day of school.***

For assistance or information please contact Laurie Gibbs, [lgibbs@foxboroughrcs.org](mailto:lgibbs@foxboroughrcs.org) or (508) 543-2508 extension 256. Thank you.

**\*\*INCOMPLETE FORMS, REGISTRATION FORMS MISSING THE FIRST MONTH'S\*\*  
\*\*FEE AND/OR FORMS MISSING THE LATE FEE WILL BE RETURNED\*\*  
\*\*AND MUST BE RESUBMITTED\*\***

*For Office Use Only:*

DATE/TIME RECEIVED: \_\_\_\_\_ CK/MO #: \_\_\_\_\_ AMT RECEIVED:  
\_\_\_\_\_

2009-2010 BALANCE DUE: \_\_\_\_\_ FORMS COMPLETED IN FULL: Y / N