



# Christian Heritage School

575 White Plains Road Trumbull, CT 06611

## Van Transportation Request & Agreement 2018-19

Parent(s) Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Meeting place preference:

Exit 35     Exit 38     Exit 41     Exit 42     Other (please specify): \_\_\_\_\_

*Based on requests, CHS will select 2 or 3 centralized meeting spots and notify parents by August 1<sup>st</sup>.*

First and Last Name of Student(s)

Grade Level

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

We, the parent(s) of the student(s) listed above, request Christian Heritage School van transportation for travel to school during the 2017-2018 school year. We understand that:

- The van transportation cost is an annual one and will remain fixed regardless of snow days, sick days, and other such contingencies.
- Our child (ren) will be entitled to daily van rides to school beginning the first day of classes in September.
- The cost of the bus transportation will be billed to our SMART tuition account according to the payment plan selected below.
- This contract is binding for the full school year and we agree to pay the fee charged for our route.
- This contract cannot be canceled by the parent without specific approval from the Head of School.
- CHS reserves the right to cancel this service if less than 6 paying students are contracted for transportation at any point during the 2017-18 school year.
- Any student reported for poor conduct on the van may be subject to removal from the van.

Both my child(ren) and I/we have read and will abide by Christian Heritage School policies when riding the van.

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

Payment Plan Selected:

- Full year, in advance: \$2000 (second child - \$1500, additional child - \$1000/each)
- One semester only, in advance: \$1050 (second child - \$787.50, additional child - \$525/each)
- Full year, ten month payment plan (billed August through May): \$2200 (second child - \$1650, additional child - \$1100/each). Payable \$220 per month (\$165 for second child, \$110 per for each additional child)

Please return this form by mail, email, or fax to Deb Scudder: [dscudder@kingsmen.org](mailto:dscudder@kingsmen.org) Fax: 203.452.1531