



Bus Transportation Registration Form 2016-2017 School Year

Family Name: _____

Cell Phone #1: _____ Cell Phone #2: _____

Contact Email: _____

Child(ren) utilizing services: _____

Location (please select):

- McKinney \$950/per child/per year [August-May]
- Anna \$900/per child/per year [August-May]
- Van Alstyne \$850/per child/per year [August-May]

___ Please bill my FACTS account monthly (e.g. McKinney-\$95/month, Anna-\$90, Van Alstyne-\$85). Accounts will be billed the 1st of the month starting in August.

___ I prefer to pay lump sum. Please bill my account in total.

By signing below, I agree to the Rules and Rates

Parent's Signature: _____ Date: _____