

**DILLON CHRISTIAN SCHOOL
2017-2018
Commuter Bus Contract**

Please complete this application and return it to DCS accompanied by a \$200.00 for first time applicant/\$50.00 for current rider non-refundable REGISTRATION FEE. The payment of the \$200.00/\$50.00 fee will secure your seat on the 2017-2018 DCS Commuter Bus.

Parent's Names _____
Father

Mother

Address _____

Father's Home Phone # _____ **Cell #** _____

Work # _____

Mother's Home Phone # _____ **Cell #** _____

Work # _____

| Students Riding Bus | Grade | One Way | Round Trip |
|----------------------------|--------------|----------------|-------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Pick up/Drop off Location: _____

If you cannot be reached in case of emergency, list those whom we may contact:

Name: _____ Telephone: _____

Name: _____ Telephone: _____

*Name of Physician: _____ Phone: _____

*Does the applicant have any physical or mental handicaps? () Yes () No If yes, please explain

In spite of every precaution, accidents do occur. In such an event, the bus driver can be depended upon to use good judgment in getting immediate and proper care for any child. I hereby give permission for my child to ride the Dillon Christian School Bus and will not hold Dillon Christian School nor any officer or employee thereof liable for any pupil during such time as the pupil is on the bus.

PARENT SIGNATURE _____ **DATE** _____