MONSON PUBLIC SCHOOLS School Bus Transportation Pass Request Form

For students enrolled in grades 7-12 during the 2017-2018 school year. Complete one form per student.

PLEASE NOTE: THE BUS PASS FEE IS \$125. PAYMENTS MUST BE MADE IN FULL. PAYMENTS CANNOT BE PRO-RATED.

Parent's/Guardian's Name: _		
Mailing Address:		
Home Telephone: (413)	-	
Student's Name:		
Student's Address for Busir	ng Purposes:	
Student's Grade Level for 2	017-2018 School Year:	-
Student's Bus Number		
Type of payment enclosed:	CheckMo	oney Order (No cash accepted.)
Checks and money orders sh	nould be made payable to: Town of M	lonson
Please mail or deliver to:	Monson Public Schools Business O	ffice
	43 Margaret Street	
	P.O. Box 159	
	Monson, MA 01057	
For questions, please call Lis	sa Joseph at 267-4150 X1103 or Reb	ecca Goncalves at X1102.
	For Office Use Only	/
Check/MO Amount \$	Check/MO Date:	Check/MO Number_