



2019 – 2020 TRANSPORTATION CONTRACT

Name of Student _____ Grade _____

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5-day round trip bus service: Cape Elizabeth/South Portland/ Portland/Falmouth \$2,500 _____

5-day one-way service: Cape Elizabeth/South Portland/ Portland/Falmouth service \$1,600 _____

For students who begin riding the bus after the school year began, the full year cost will be pro-rated. This amount will be calculated once dates are known.

Non-refundable deposit: A deposit of \$250 for each student must accompany this contract form. I/We understand that this contract is binding for the 2019-2020 school year.

Payment plan: I wish to be billed for this bus service as follows:

- () A. On an Annual basis, in October
() B. On a Semi-Annual basis, in October and in February
() C. TADS monthly billing, June to February

() Check here if you would like to pay additional monies for this program. If there is a surplus at the end of the year, then you will receive a refund (partial or full) based on the amount of the surplus. \$ _____

() Check here if you would like to make a tax deductible donation to support this program \$ _____

Please let us know if you have any special circumstances or scheduling needs:

Four horizontal lines for writing special circumstances or scheduling needs.

All persons signing below agree to be jointly and severally liable for all transportation services costs and other obligations set forth in this agreement. I/we acknowledge that I/we have read this contract and agree to the terms herein.

X _____ Date
Signature Date

X _____ Date
Signature Date

Printed Name

Printed Name

Street Address City State Zip

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