



Harrisonville Cass R-IX School District
Student Transportation Program (F-260-P)

Pay-to-Ride Application and Student Transportation Agreement

Parent Name: _____ Phone: _____

Address: _____

City: _____ Zip: _____

Student Name	Name of School	Service Requested (please check)		
		Round Trip	One-Way to School	One-Way Home

Total # of students riding round trip _____ @ \$150/semester = _____

Total # of students riding one-way _____ @ \$75/semester = _____

Total payment due for one semester = _____

Make checks payable to: Harrisonville School District.

Check or money order only. Cash and credit cards not accepted.

Confidential requests for a waiver or reduction of fees may be submitted in writing.

Agreement for Participation in Student Transportation Services

I understand that by signing this Transportation Agreement for bus service with Ecco Ride, my child must conform to all Ecco Ride conduct rules and regulations, as well as all policies of Harrisonville Cass R-IX School District. I understand that I am contracting school bus service for one semester. If improper payment is made, my child's riding privileges will be revoked. No refunds will be given. There will be a \$25 handling charge for all non-sufficient fund checks.

I further understand that my child's riding privileges may be revoked if he/she fails to follow Ecco Ride bus conduct rules or Harrisonville Cass R-IX School District rules and policies, exhibits insubordination, is verbally abusive toward a bus driver or bus aide, or participates in vandalism to which I accept responsibility and cost of repairing damages.

I acknowledge that additional program rules and procedures for student transportation can be found on the District website at www.harrisonvilleschools.org or a hard copy may be requested from Ecco Ride. I agree that I am responsible for reading/understanding these rules and procedures.

Signature of Resident/Person Acting as Parent

Date