

# SCHOOL BUS SERVICE



EL PASO COUNTRY DAY SCHOOL operates 15-passenger vans between school and selected areas of the city, currently the west side and upper valley (within EPISD boundaries), for the convenience of enrolled children and their families. Space is limited. We encourage you to reserve a seat for your child as soon as possible.

**SCHEDULE:** Students will be picked up according to a set schedule, arriving at the school by approximately 8:15 a.m. Monday through Friday. The vans will leave school at 3:35 P.M. Monday through Thursday.

Children who are dismissed at 1:00 p.m. will join the Daycare program until the bus leaves school at approximately 3:45 pm. The cost of the additional supervision is incorporated into the bus fee:

*THERE IS NO ADDITIONAL COST AND NO DAYCARE BILLING.*

| <b>COSTS PER SEMESTER:</b> | <b>LOWER SCHOOL</b> | <b>UPPER SCHOOL</b> |
|----------------------------|---------------------|---------------------|
| ROUND TRIP                 | \$900.00            | \$850.00            |
| ONE-WAY A.M.               | \$595.00            | \$595.00            |
| ONE-WAY P.M.               | \$595.00            | \$595.00            |

(10% discount for each additional child)

Please note that an additional surcharge of \$5.00 per day per round trip will be included if pick up and drop off destinations are beyond the El Paso Independent School District boundaries. Pick up and drop off areas are limited; contact office for more information.

**CONTRACT:** Due to limited availability and increased participation, bus contracts are required to reserve a place and are available on a semester or annual basis only; payable in advance. Please sign and return this form along with your check payable to EPCDS no later than **July 15th** to allow for scheduling.

Name: \_\_\_\_\_ Dismissal Time: \_\_\_\_\_

Name: \_\_\_\_\_ Dismissal Time: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**Due to space and time constraints of the actual bus run, your space is not considered reserved until you receive a confirmation by email from Administration or a phone call from the bus driver.**

Please reserve a place for my child. Attached is payment in full for:

Circle appropriate choice(s):

| Round Trip | One-Way | (Morning or | Afternoon) |
|------------|---------|-------------|------------|
| Semester   |         | Year        |            |

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_