

North County Transportation Bus

2017-2018

My child/children _____ will be using the transportation provided by Marquette Catholic High School. ***I understand that it is our responsibility to contact the Business Office, 618-463-2375, if our plans change during the year.***

You will be billed per month, September-May. An invoice will be sent accordingly. The following rates have been set based on the number of students we have estimated so far. Please make your selection based on your needs for the 2017-2018 school year. **We do not adjust billing on a monthly basis based on sporting events.**

Please choose one of the following:

_____ \$40 per family for MORNING ONLY transportation (Picks up at K-Mart at 7:15)

_____ \$25 per family for AFTERNOON ONLY transportation

_____ \$65 per family for MORNING and AFTERNOON transportation

If your child/children are not at the pick-up location at the designated time, Marquette will assume you have made other plans for transportation that day.

Parent Signature _____

Please have your student **return this form to the Driver, or bring to the Main Office ASAP.**