



ISD 885 St. Michael-Albertville School District

Excellence is Our Tradition

2019-2020 FEE-FOR-SERVICE TRANSPORTATION REGISTRATION FORM

Due to a recent change in school district practice and in response to a request from the City of Albertville, the St. Michael-Albertville School District is delighted to continue the fee-based transportation option available to open enrolled students near the City of Albertville and the Tributaries development. The annual cost for one student is \$350 with an annual family cap of \$550. The full amount is due May 31, 2019.

Families need to establish one pick-up and one drop-off address for their child(ren). This is the same policy for both resident and open enrolled families. Buses will not cross assigned boundaries to transport students. Students will board the bus at an assigned stop for their assigned school. Final stop locations and times will be available on the ParentVUE parent portal on August 15, 2019. New families to the district will receive a letter with this information.

Parents/Guardians registering for the transportation fee-for-service option must register each child receiving transportation services. Existing families should register and pay electronically via the FeePay system. New students should register by filling out this form, printing it, and either mailing it or dropping it off at the District Office as outlined below.

Mail or deliver your payment to:

ISD 885 District Office, Attn: Transportation, 11343 50th Street NE, Albertville MN 55301
 Contact: transportation@stma.k12.mn.us with questions

Family Information *(please print)*

Parent/Guardian Name _____
Last First

Address _____
Street Address Apartment/Unit #

Primary Phone _____ Email _____
City State ZIP Code

| Student Full Legal Name | Grade <small>(2019-20)</small> | School | Bus Before School Pick-Up <small>(check one)</small> | Bus After School Drop-Off <small>(check one)</small> |
|-------------------------|-----------------------------------|--------|---|---|
| | | | <input type="checkbox"/> Home <input type="checkbox"/> Daycare / Kids Play | <input type="checkbox"/> Home <input type="checkbox"/> Daycare / Kids Play |
| | | | <input type="checkbox"/> Home <input type="checkbox"/> Daycare / Kids Play | <input type="checkbox"/> Home <input type="checkbox"/> Daycare / Kids Play |
| | | | <input type="checkbox"/> Home <input type="checkbox"/> Daycare / Kids Play | <input type="checkbox"/> Home <input type="checkbox"/> Daycare / Kids Play |
| | | | <input type="checkbox"/> Home <input type="checkbox"/> Daycare / Kids Play | <input type="checkbox"/> Home <input type="checkbox"/> Daycare / Kids Play |

Daycare Address (if applicable): _____

Payment Options *(check the appropriate box below)*

Payment in full: Due May 31, 2019

- \$350 per student
- \$550 family cap

TOTAL ENCLOSED (Make check payable to ISD 885) \$ _____

Signature

By signing this form you are agreeing to pay for the service selected. Payment must accompany this form.

Signature _____ Date _____