



# WHITEFIELD ACADEMY

## SHUTTLE SERVICE REGISTRATION FORM 2019-2020

**Options:**

Full-time \_\_\_\_\_ (AM/PM rider 5 days per week)

Part-time \_\_\_\_\_ (AM OR PM rider 5 days per week)

**Please choose location:**

HBC East Campus \_\_\_\_\_

Tyler Center \_\_\_\_\_

**Payment Options**

Pay in full: Check: \_\_\_\_\_ Cash: \_\_\_\_\_

Please add this fee to my FACTS tuition payment plan: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Home Address: \_\_\_\_\_

**Parent Contact Information:**

Father:

Mother:

Name

Name

Address

Address

Primary Phone

Primary Phone

Email

Email

**Additional Emergency Contact:**

Name

Address

Phone

Name

Address

Phone

*I have read and understand all of the information provided concerning the Shuttle Bus and approve for my child to ride the bus.*

Parent Name (Printed): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_