

**PLEASE NOTE: LATE REGISTRATION FEE AFTER AUGUST 4, 2011**

May 2, 2011

Dear Parent/Guardian,

School transportation registration for school year **2011-2012** will occur on the date/times listed below for the Newburyport Public Schools, River Valley Charter School, and the Immaculate Conception.

**Fees for the 2011-2012 school year are \$275.00 for each pass / \$550.00 family maximum, however will be offering an early registration discount rate.**

**Early Registration at the discounted rate of \$225**

- Tuesday, June 7, 2011      9:00 a.m. – 12:00 p.m.
- Tuesday, June 7, 2011      5:00 p.m. – 7:00 p.m.
- Thursday, June 9, 2011      9:00 a.m. – 12:00 p.m.

**August Registration at \$275.00**

- Tuesday, August 2, 2011      9:00 a.m. – 12:00 p.m.
- Thursday, August 4, 2011      9:00 a.m. – 12:00 p.m.
- Thursday, August 4, 2011      5:00 p.m. – 7:00 p.m.

Registration will be located at the Superintendent’s Office, 70 Low Street (*Middle/Molin School*)

**Any registrations after the last registration date will be subject to a \$25 late fee.**

**Students eligible for Mandated Transportation are the following:**

- 1.) All students in grade K through grade 6 that live more than 2 miles from school.
- 2.) All students who qualify for free and reduced lunch

**All other students are eligible for ridership by paying the transportation fee:**

- 1.) All students in grade K through grade 6 that live 2.0 miles and under
- 2.) All students in grades 7 – 12.

**All students who ride the school bus must be issued a school bus pass and must register in order to be issued a bus pass.** School bus routes and bus stops are determined by registrations. Therefore, unfortunately, we cannot guarantee the availability of a seat if you do not register at the times listed above.

**Only FULL DAY/FULL YEAR passes are available.** Also, students will only be allowed to ride the school bus to which they are assigned to be transported from “home to school” and “school to home”.

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**REGISTRATION FORM (make checks payable to Newburyport Public Schools)**

Student Name \_\_\_\_\_ Home Tel. \_\_\_\_\_

Home Address \_\_\_\_\_ Work Tel. \_\_\_\_\_

Licensed Daycare Provider Address: \_\_\_\_\_  
(If applicable)

School \_\_\_\_\_ Grade \_\_\_\_\_ Mileage \_\_\_\_\_

Parent Name (please print) \_\_\_\_\_

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

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Questions can be directed to Nancy Lysik @978-465-4456 or emailed to nlysik@newburyport.k12.ma.us

Mileage \_\_\_\_\_ Verified by \_\_\_\_\_