

ASPENGROVE SCHOOL BUSING COMMITMENT FORM - 2018/19

Please return completed form to School Office, fax 250-390-2281, or email to transportation@aspengroveschool.ca

Child/ren name: _____ Grade: _____

Home address: _____

Route Selection (Please v one): North _____ South _____

Bus Stop on Schedule: _____

Payment Type (Please v one): Annual _____ Monthly _____ Tickets _____

Parent to contact during the day: _____

Email: _____

Call Order
(please indicate 1st, 2nd, 3rd)

Cell: _____

Work: _____

Home: _____

Parent Signature: _____ Date: _____

2018 / 2019 Bus Rates

Annual - \$750

Monthly - \$80

Tickets (book of 10) - \$25

- Purchase your annual / monthly pass, or tickets from the front office -