VISTA TRANSPORTATION CONTRACT 2020/21

Bus Information: www.cadets.com/student-life/bus-transportation
www.visitation.net/campus-life/bus-transportation

STUDENT NAME		
Last Name	First Name	
HOME ADDRESS		2020/21 GRADE
CITY	STATE	ZIP
HOME PHONE	CELL PHONE	
EMAIL	Father	Mother
SCHOOL DISTRICT	DISTRICT #	BIRTHDATE
The above student attends: Saint Th	nomas AcademyVi	sitation School
BUS RIDER DEPOSIT		
Cost is per student. Bus fee plus yo	our district reimbursement, where	applicable.
Bus routes are determined by the f	families who send a deposit by M	May 31, 2020
Bus route information will be sent to	families in August by email.	
I have enclosed a deposit of \$400 per deposit is non-refundable after July 3 check to the transportation office.		• •
Parent or Guardian Signature		Date
THE FOLLOWING INFORMATI	ION MUST BE SIGNED BY A	LL STUDENT RIDERS.
I understand that while riding the bus, my colanguage, use alcohol, tobacco (chew or smo Thomas Academy student. I also understand privileges.	oke), destroy property, or behave in a ma	anner unbecoming of a Visitation or Saint

PLEASE RETURN SIGNED CONTRACT AND \$400 DEPOSIT TO:

VISTA Transportation 2455 Visitation Drive Mendota Hts., MN 55120

Mary Jo O'Halloran mohallor@cadets.com mohallor@vischool.org

Student signature_____