

St. Catherine Catholic School



Providing a Christ centered education and a strong Catholic foundation where children can strengthen their relationship with God.

TRANSPORTATION CONTRACT 2022-2023

STUDENT'S NAME: _____ GRADE: _____ CELL Phone# _____

ADDRESS: _____
Street City State Zip

HOME PHONE: _____

FATHER/GUARDIAN: Work Phone: _____ Cell: _____ Other: _____

MOTHER/GUARDIAN: Work Phone: _____ Cell: _____ Other: _____

ROUTE REQUIRED (Please circle one)

Avon Park Lake Placid Wauchula
Campo San Jose or Santiago Apostol Mission

DISMISSAL FROM BUS STOP (Please circle one)

- My child will be picked up by: _____
- My child may walk home.
- My child will attend camp at St. Michael Parish (Wauchula riders only)

BUS PROGRAM: (Please circle one)

- € All Year
- € One-Time Only Date(s): _____
- € One-Way (to AND from School) - Date(s): _____

We, the undersigned parents, guardians, or legal representatives, hereby request that St. Catherine Catholic School allow our child(ren) to participate in the transportation program for the 2022-2023 school year. The undersigned parents, guardians or legal representatives hereby consent to the participation of their child(ren) named above in the transportation program.

St. Catherine Catholic School will provide transportation on school days from a designated pick-up site to the St. Catherine Catholic School in the morning and from St. Catherine Catholic School to designated drop-off site in the afternoon.

All information included on the Application for Admission for the 2022-2023 school year will be used and applied to this contract. All rules, policies and procedures outlined in the 2022-2023 Parents and Students Handbook, as well as the Transportation Program Handbook, are in effect for students during their participation in the transportation program. All infractions, in addition to any possible consequences outlined in the handbook will be referred to the Dean of Students who has the right to dismiss a student from the program. If a student is dismissed from the program, there are no refunds.

Transportation will be provided by and take place under the guidance and supervision of employees of St. Catherine Catholic School. If you request that your child(ren) participate, please read, complete, sign and return this contract which includes your consent, as well as a full release of liability. As parent or legal guardian, you remain fully responsible for any acts of the named student(s).

For and in consideration of the student(s) being allowed to participate in this program and other valuable consideration, the undersigned parent, guardian or legal representatives, on behalf of the student(s) and the student's parent, personal representatives, assigns, heirs and next of kin, do hereby

Accept and assume all risk associated with and inherent to the normal transportation of students and thus the undersigned release and hold harmless St. Catherine Catholic school and its employees and agent of said parties engaged in this particular program, and their personal representatives or assigns, from any loss or damage on account of any injury to the person or the personal property, of the student(s), or death, caused by negligence or otherwise, while the student(s) are engaged in the bus transportation program. The undersigned expressly agree that this release, waiver and indemnity is intended to be as broad and inclusive as permitted by the laws of the State of Florida, and that if any portion of this agreement is held invalid, it is agreed that the balance shall notwithstanding, continue in full legal force and effect.

Student's Signature: _____ Date: _____

Father/Guardian's Name: _____ Date: _____
Please Print

Father/Guardian's Name: _____ Date: _____
Signature

Mother/Guardian's Name: _____ Date: _____
Please Print

Mother/Guardian's Name: _____ Date: _____
Signature

PAYMENT AGREEMENT

STUDENT'S NAME: _____ GRADE: _____

CELL Phone# _____

We, the undersigned parents, assume financial responsibility of \$450.00 per rider per year for round-trip transportation for the 2022-2023 School Year.

(Initials) _____ Pay in full of the \$450.00 for the year on FACTS.

(Initials) _____ Bill me \$45.00 per month per student for round-trip transportation for 10 months. I Approve this amount to be included in FACTS monthly withdrawals.

(Initials) _____ Florida Tax Credit Scholarship recipients (i.e. Step-Up for Students (FCT/FES-EO/FES/UA Scholarships) transportation fees are included in the scholarship funds.

AGREEMENT

We, the undersigned, agree to all terms and conditions of this contract and to comply with all current policies, rules and regulations of St. Catherine Catholic school and any amendment or changes made to said policies, rules and regulations at St. Catherine Catholic School's sole discretion.

We agree to pick up our student(s) at the designated times. Failure to do so may result in fees or dismissal from the program.

Student's Signature: _____ Date: _____

Father/Guardian's Name: _____ Date: _____
Please Print

Father/Guardian's Name: _____ Date: _____
Signature

Mother/Guardian's Name: _____ Date: _____
Please Print

Mother/Guardian's Name: _____ Date: _____
Signature