

**DRIVING STUDENTS TO SUCCESS!**

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**2022 - 2023  
 PAY RIDER PROGRAM REQUEST**

This form is to request SLPS Transportation for my child to the location indicate below. I understand one form per student is needed. The verification process will occur only after all immediate eligible students are assigned and there is an open seat. Upon verification of an available seat, you will be contacted with instructions to submit payment and obtain the bus route information. The cost is \$100 per semester, per student, payable by check or money order. We will not prorate any fees. The fee is payable in advance before service begins. Refunds are not provided.

**FAX COMPLETED FORM TO: SLPS TRANSPORTATION ROUTING 772-340-7134**

Type of Transportation Requested:

Two different existing bus stops within the assigned school's transportation zone (*new stops will not be created*)

Use of the closest existing bus stop for an ineligible rider

*Note: Aftercare/daycare service requests are to be submitted via the approved daycare providers*

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Student Name: \_\_\_\_\_ Student ID#: 562

Grade: \_\_\_\_\_ School Student Attends: \_\_\_\_\_

Student's registered address with SLPS: \_\_\_\_\_

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Address for 2<sup>nd</sup> Bus: \_\_\_\_\_

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Parent's Name: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

**\*\*\*FOR ROUTING DEPARTMENT ONLY\*\*\***

Student Eligible?  Yes  No Assigned Bus #: \_\_\_\_\_

Pay Rider Bus #: \_\_\_\_\_ Pick-Up: \_\_\_\_\_ Drop-Off: \_\_\_\_\_

Pay Rider Bus Stop: \_\_\_\_\_

Parent Contacted on: \_\_\_\_\_ by: \_\_\_\_\_

Spoke to Parent  Left Voicemail  No Contact Made

**\*\*FOR BILLING USE ONLY\*\***

Invoice #: \_\_\_\_\_

Date of Invoice: \_\_\_\_\_

Payment Rcvd: \_\_\_\_\_

Effective Rider Date: \_\_\_\_\_