



# PROVIDENCE CATHOLIC HIGH SCHOOL

1800 W. Lincoln Highway • New Lenox, Illinois 60451 • (815) 485-2136 • [www.providencecatholic.org](http://www.providencecatholic.org)

## TRANSPORTATION DEPARTMENT

### 2024-2025 Providence Catholic Busing Contract

**DEADLINE: JUNE 15, 2024**

Contracts received after June 15, 2024 may be refused. If it is accepted, a \$100 late fee will be added to your billing, and your student will be assigned to a pre-existing bus stop. Please contact Erica Anstead at 815-717-3031 or [eanstead@providencecatholic.org](mailto:eanstead@providencecatholic.org) with any questions or concerns.

#### Please Print

1. Name of student(s) **Circle Grade for 2024-2025**

a. _____	Fr.	So.	Jr.	Sr.
b. _____	Fr.	So.	Jr.	Sr.
c. _____	Fr.	So.	Jr.	Sr.
2. Parent's Name(s): \_\_\_\_\_
3. Address: \_\_\_\_\_
4. City: \_\_\_\_\_ Zip+4: \_\_\_\_\_
5. Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_  
Emergency Phone # \_\_\_\_\_ Student Cell #: \_\_\_\_\_
6. Are there any medications/medical conditions that the bus driver should be aware of?  
\_\_\_\_\_
7. AM & PM \_\_\_\_\_ 1 Way \_\_\_\_\_ AM \_\_\_\_\_ PM \_\_\_\_\_ Zero Hour \_\_\_\_\_
8. Did any of your students ride the bus last year? \_\_\_\_\_ Yes \_\_\_\_\_ No
9. If your answer to 7 was yes, answer parts 8a and 8b; if no, go to 9.
  - a. What was the bus #: \_\_\_\_\_
  - b. What was the pick-up location: \_\_\_\_\_
10. Cross streets nearest your home: \_\_\_\_\_
11. Subdivision name (if applicable): \_\_\_\_\_
12. Corner where you would like pick up?: \_\_\_\_\_

We, the parents of the student(s) listed above, wish him/her/them to ride the Providence Catholic bus during the 2024-2025 school year. We understand that the bus transportation cost is an annual one, and that our child(ren) will be entitled to daily bus rides to and from school beginning the first full day of classes in August; that there will be no daily collections, tickets or rebates; that the cost of the bus transportation will be added to the **tuition bill**, which must be paid in advance monthly, **together** with tuition and fees. **We understand that this contract is binding for the full school year, and we agree to pay the fee charged for our route. We understand this contract cannot be canceled.**

Both my child(ren) and I have read and will abide by the Policies & Fees included in the Providence Catholic Transportation Company Brochure.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please return this signed contract by June 15, 2024.**