

MAMARONECK SCHOOL DISTRICT

DISCOUNTED BEE LINE BUS PASS

For students not eligible for District Transportation

If you would like to participate, please return this form and your payment made **payable to Mamaroneck UFSD** by the 10th day of the month preceding the month you would like the pass.

Important Note: If Payment is not received before the next month starts you will be cancelled.

Please return this form with your payment to:

MHS – Return to Christine Coppola – Principal’s Office

Hommocks – Return to Theresa Silver – Principal’s Office

I am requesting a discounted Bee Line bus pass for my child. I am aware that I am responsible for the **\$58.00 monthly payment** in advance of each month and that no refund will be issued once a bus pass is purchased. (You may pay for more than one month at a time, please indicate below the months for which you are paying for)

PLEASE PRINT:

Child’s Name: _____

Parent’s Phone No.: _____

Child’s School: _____

Month of: _____

Amount Enclosed: \$ _____

Parent Signature: _____

Method of Payment (circle One)

Cash

Check

Money Order