

**2011-12**  
**VISTA TRANSPORTATION CONTRACT**  
2455 Visitation Drive Mendota Heights, MN 55120

STUDENT NAME \_\_\_\_\_  
Last Name First Name

HOME ADDRESS \_\_\_\_\_ 2011-12 GRADE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_  
Father Mother

EMAIL: \_\_\_\_\_  
Father Mother

SCHOOL DISTRICT \_\_\_\_\_ DISTRICT # \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

The above student attends: **Saint Thomas Academy** \_\_\_\_\_ **Visitation School** \_\_\_\_\_

***COST OF BUS 2011-12:***

***Cost is per student.*** Bus fee plus your district reimbursement, where applicable.

**Bus routes are determined by the families who send a deposit by April 30, 2011.**

A deposit of \$400 per rider is due by April 30, 2011 and the balance of the fee is due on July 31, 2011.

All bus route information will be sent to families in August.

I have enclosed a deposit of \$400 per rider and **I agree to pay the balance by July 31, 2011.** In addition to the fee, I will **remit my district reimbursement check** to the transportation office.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**THE FOLLOWING INFORMATION MUST BE READ AND SIGNED BY ALL STUDENT COMMUTERS GRADES 5-12.**

I understand that while riding the bus, my conduct will be such that I will not distract the driver, be loud or rude, use vulgar language, use alcohol, tobacco (chew or smoke), destroy property, or behave in a manner unbecoming of a Visitation or Saint Thomas Academy student. I also understand that any violations pertaining to behavior will jeopardize my commuting privileges.

Student signature \_\_\_\_\_ Date \_\_\_\_\_

**Please return this "signed" form and your \$400 deposit per rider to:  
VISTA Transportation, 2455 Visitation Drive, Mendota Hts., MN 55120  
Any questions, please call 651.683.1770.**

**\*\*\* Please note: A contract for each student riding the bus needs to be completed.**