

**SCHOOL DISTRICT OF MILTON**  
**PRIVATE TRANSPORTATION CONTRACT "BUY A SEAT PROGRAM"**  
**2020-2021**

**Submit to the District Office August 3– 7, 2020**

One form for each child required

**I understand and agree to the following conditions related to the issuance of a private transportation contract:**

1. Established route (for eligible riders) must have room available.
2. Existing pick-up/drop-off points are to be utilized.
3. Seats will be filled on a first-come, first-served basis. Each school year requires a new application for all requests.
4. If a route becomes filled during the course of the school year with eligible riders, contracts will be terminated in the order of last accepted and money will be refunded on a prorated (quarterly) basis.
5. Ridership for transportation is a privilege and not a right. If improper student behavior occurs on the bus, ridership may be suspended or terminated and payment may not be refunded.
6. Contracts will be based on the official school calendar, for either one-way or round-trip transportation.
7. Contract must be signed, returned, and paid in full before service can begin. Payment plans will not be offered.
8. All Board of Education policies and state statutes apply to the governance of this contract.

**Printed Name of Parent(s)/Guardian(s):** \_\_\_\_\_

**Primary Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address Requested for Transportation:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If approved, you will be notified of the nearest common stop on an existing route to your listed alternative address by our contractor, GO Riteway, at (608) 868-4705.

**Please fill out the information below (please PRINT):**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Service Desired: \_\_\_\_\_ Round Trip **OR** \_\_\_\_\_ One Way \_\_\_\_\_ Pick Up (AM) \_\_\_\_\_ Take Home (PM)

Desired Start Date: \_\_\_\_\_

If approved, you will be notified of the nearest common stop on an existing route to your listed alternative address.

**Cost:**

<b>One way full</b>	<b>\$100</b>	
<b>One way reduced</b>	<b>\$50</b>	
<b>Round trip full</b>	<b>\$200</b>	
<b>Round trip reduced</b>	<b>\$100</b>	
<b>Free of charge</b>	<b>\$0</b>	

I have completed the fee assistance form to receive free/reduced rates.

Maximum annual cost per family of \$400.00

**Please make your check payable to: School District of Milton**

**Return to: School District of Milton**  
**Buy a Seat Program**  
**448 E. High Street**  
**Milton, WI 53563**