

**MYSTIC VALLEY REGIONAL CHARTER SCHOOL**

770 Salem Street  
Malden, Massachusetts 02148

**TRANSPORTATION APPLICATION AND RELEASE FORM FOR FY 11**

All students of the Mystic Valley Regional Charter School who live outside a 1.75 linear mile radius of the school, but within the region (Everett, Malden, Medford, Melrose, Stoneham, and Wakefield) are eligible for transportation services. Please fill out the following information in order for your child’s transportation needs to be assessed. No family can utilize school transportation without signing this Bus Transportation Contract and paying the appropriate fee. **Please complete one form for each student.**

**Student Information** (Please fill out one form per student applying for bus transportation):

\_\_\_\_\_  
First Name Middle Name Last Name

\_\_\_\_\_  
Street Address Town State Zip Code

FY 11 Grade: \_\_\_\_\_

If returning student using bus in FY10, please list bus and stop previously used:

Bus#: \_\_\_\_\_ Bus Stop: \_\_\_\_\_

Nearest cross streets for the above address: \_\_\_\_\_

**Parent Information: Mother/Guardian Father/Guardian**

Name \_\_\_\_\_

*Please indicate how your child will get home from the bus by checking the appropriate section below.*

\_\_\_\_\_ My child will always be picked up at the bus stop by one of the following individuals and should not be permitted to walk home alone without prior written permission. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ My child will walk home alone from the bus stop and does not need to be released into the care of an adult at the bus stop. (Applicable for students attending the third grade or higher.)

The above information is accurate to the best of my knowledge. I understand that any changes to the address may result in an altered transportation situation. If any of the people I have given permission to pick up my child should no longer have those rights, I understand that it is my responsibility to inform the school. I also understand that if my child or I fail to meet the terms of this agreement or of the contract, or if my child has to be returned to the school by the transportation provider three times in the same school year, then the privilege of transportation could be revoked. Please refer to the Parent/Student handbook for additional information.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date