



Crossroads Academy

2015-16 Transportation Request

(Please fill out one form for each student)

Student: _____ Age/Grade: _____ Date: _____

Parent: _____ email: _____ phone: _____

Parent: _____ email: _____ phone: _____

Emergency Contact Name/Phone: _____

AM Pickup Points and Departure Times:

7:15am From Norwich (Behind Post Office)
7:25am From Howe Library (Hanover)
7:35am From Parking Lot between Ray School and Co-op

AM Pickup at Ray School
is in the parking lot across
from the school.

PM Drop off Points and Arrival Times: These are estimated arrival times. The bus departs at 3:10 (earlier if all students are on board.)

3:15pm To Ray School
3:25pm To Howe Library (Hanover)
3:35pm To Norwich (Behind Post Office)

PM Drop-Off is at the
Front Entrance of the Ray
School.

Regular Rider Fees:

\$55 per student per week
\$45 per week for the second student in the same family
\$20 per week for the third student in the same family

Occasional Riders:

\$14.00 per ride

This form must be in prior to the 15th of the month prior. For example, you would have this form in our hands by August 15 for the month of September; September 15 for the month of October, etc. Questions? Please call us at 603 448-4004.

Student: _____

Parent: _____ email: _____ phone: _____

_____ I/We would like to contract as a **REGULAR RIDER** at \$55.00 per week, regardless of use (\$45 per week for the second student, \$20 per week for the third student.) You will be asked to complete a **REGULAR RIDER** schedule each month.

Please indicate below the days and pick-up and drop-off locations. In the event of a change in schedule, please email our office at Relax@UVRide.com. Payment will be by credit/debit card only. If you have not yet provided us with your credit card information, please do so.

Regular Riders AM									
		Pickup Location		Pickup Location		Pickup Location		Pickup Location	
	M		T		W		T		F
Week Ending									
4-Sep									
11-Sep									
18-Sep									
25-Sep									

Regular Riders PM									
		Drop Off		Drop Off		Drop Off		Drop Off	
	M		T		W		T		F
Week Ending									
4-Sep									
11-Sep									
18-Sep									
25-Sep									

Parent Signature:

Date:

Received By:

Date:

Student: _____

Parent: _____ email: _____ phone: _____

_____ I/We would like to contract as an **OCCASIONAL RIDER** at \$14.00 per ride.
You will be asked to complete an **OCCASIONAL RIDER** schedule each month.

Please indicate below the days and pick up and drop off locations. In the event of a change in schedule, please email our office at Relax@Uvride.com. Payment will be by credit/debit card only. If you have not yet provided us with your credit card information, please do so.

Occasional Riders AM									
		Pickup Location		Pickup Location		Pickup Location		Pickup Location	
	M		T		W		T		F
Week Ending									
4-Sep									
11-Sep									
18-Sep									
25-Sep									

Occasional Riders PM									
		Drop Off		Drop Off		Drop Off		Drop Off	
	M		T		W		T		F
Week Ending									
4-Sep									
11-Sep									
18-Sep									
25-Sep									

Total Rides for this Student _____

Parent Signature:

Date:

Received By:

Date: