## EASTON PUBLIC SCHOOLS Easton, MA

## Application for "Pay and Ride" Program

| Student Name:         |   |   |                          |
|-----------------------|---|---|--------------------------|
| Address:              |   |   |                          |
| Grade:                |   |   |                          |
| School:               |   |   |                          |
|                       | on/daughter be allowed to<br>able in advance and the co         | o ride to and from school on a pa                 | ying basis. I understand |
|                       | \$175.00  | First Student                                     |                          |
|                       | \$150.00  | Second Student                                    |                          |
|                       | \$125.00  | Third Student                                     |                          |
|                       | \$450.00  | Maximum per Family                                |                          |
|                       | le fee is non-refundable an<br>ble to <b>Easton Public Scho</b> | nd not pro-rated. Payment must ols and mailed to: | be made by check or      |
|                       |   | Jodi Allen  |                          |
| Easton Public Schools |   |   |                          |
|                       |   | 50 Oliver Street                                  |                          |
|                       |   | P. O. Box 359                                     |                          |
|                       | Nort  | h Easton, MA 02356                                |                          |
|                       | NO CA   | SH CAN BE ACCEPTED                                |                          |
| Please return Appli   | ication Form and Payment  | t by  |                          |
| FOR OFFICE USE OF     | NLY:  |   |                          |
| DIIC#                 | QOT2  | A N A   | DM                       |