



Worcester Bus Route Information

Salisbury Christian School will offer a bus route to and from the Worcester County area for the 2021-2022 school year. Please read the following information carefully as you make plans for the next school year.

What do I need to do to secure a seat for my child on the bus?

Fill out an SCS Bus Registration form and return it to the Business Office, along with the Non-Tuition Student Expense Payment Form. This service will be provided on a first come, first served basis. You will receive a confirmation email of service provided or denied.

Riders and parents will be required to sign a “Bus Safety Guidelines” form before the student is allowed to ride the bus.

Cost

• Round Trip Rates

- 1 rider \$650 per year (\$325 per semester)
- 2 riders \$950 per year (\$475 per semester)
- 3 riders \$1150 per year (\$575 per semester)
- 4 or more riders \$1250 per year (\$625 per semester)

- **Fees are billed by semester.** A Non-Tuition Student Expense Payment Form with check or permission to draft must be submitted to the Business Office prior to payment due date. This fee is non-refundable.

- 1st Semester due September 1
- 2nd Semester due February 1

- **Non-registered Bus Students** riding the bus with a regular rider shall fill out a “Special Daily Rider” form and pay a \$5.00 fee (24-hour notice required).

Note: Due to Covid-19, we are NOT allowing Special Daily Riders until further notice.

Bus Stop

- Walmart in Berlin on Route 50

Worcester Bus Registration 2021-2022



Name of Student(s) _____		Grade (2021-22) _____
_____		Grade (2021-22) _____
Parent Name _____		Relationship to Rider _____
Phone - Cell _____	Home _____	Work _____
Parent Name _____		Relationship to Rider _____
Phone - Cell _____	Home _____	Work _____
Parent Email Address _____		

Requested Service Location	Pick Up	Drop Off
Walmart in Berlin on Route 50	7:00 AM	4:20 PM
<i>Bus arrives at SCS at 7:50 AM and departs at 3:30 PM</i>		

Times are approximate.
Once bus service begins,
slight timing adjustments
may be made based on
traffic issues.

*Be advised that a note from a parent must be sent to the office 24 hours in advance when there is a change to these arrangements. If a child does not have a note, SCS will not change the arrangements.

OFFICE USE
\$650/\$950/\$1150/\$1250
Paid in Full/Semester 1/Semester 2

I, the undersigned parent or legal guardian of the minor(s) named above, hereby give my permission for my children to ride the SCS bus. In consideration of the above-named minor(s) being permitted to ride the bus, I agree that I will not hold Salisbury Christian School or their staff, agents, representatives, volunteers, or others acting on behalf of Salisbury Christian School responsible for any accidents, injuries, damages or losses of any kind which may arise out of my child's participation in the SCS bus program, and/or arising out of any transportation (including transportation in private vehicles) provided in connection with such events by or at the request of Salisbury Christian School, its staff, agents, representatives or volunteers.

I agree to allow decisions regarding emergency medical care for my child to be made and determined by the adult leaders of Salisbury Christian School. I hereby authorize Salisbury Christian School or the adult staff member or volunteer designated by Salisbury Christian School to consent on my behalf to emergency medical, surgical or dental examination or treatment in the event that such care is required for my child. I understand that I will be responsible for payment of all emergency medical expenses incurred by or on behalf of my child.

I further hereby authorize physicians and emergency medical personnel to provide medical attention and treatment, which they, in their medical judgment, deem reasonably necessary for the emergency care of my child in the event of illness or injury. I agree not to hold Salisbury Christian School or individuals acting on behalf of Salisbury Christian School, or as volunteers in connection with the bus program, liable for any negligence or any actions or omissions relating to emergency medical care and absolve them from all such liability.

Parent Signature

Date

OFFICE USE ONLY:
Bus Registration Received _____
Date _____ Time _____
Confirmation sent on _____