## **PASSENGER SHUTTLE AGREEMENT**

Full Name	Student's Cell Number (or Parent's if the student doesn't have a phone)
As a Hillcrest Academy Stud shuttle which will:	ent, if you elect to participate in the Shuttle Program, the School will provide a commuter
	ort you to and from school on a schedule including pickup and drop off times and locations driver and Hillcrest Academy.
•	ations will coincide with the school schedule and will be posted on the school's website, a text message (if you have signed up for this means of contact).
If you elect to participate, y	ou agree to:
prefer to pay mont	he 2024-25 school year, the semester fee will be \$450 for daily school transportation. If you nly, fees will be \$120 per month when you aren't in a sport, Sep. – May. The monthly shuttle n a sport is \$75. Daily riders will not be allowed to ride the shuttle. Monthly payment needs nce!
2. Wear safety belt	(when provided) properly at all times when the shuttle is in operation.
3. Notify the drive	in advance whenever you won't be riding the shuttle.
	shuttle must maintain a schedule and is not required to wait more than two minutes for a your responsibility to be on time and notify the driver if you cannot meet the scheduled
5. The Student Con	duct Code applies to the shuttle as well as the classroom.
6. Notify the Schoo driver.	at least 7 days in advance to withdraw from your shuttle service. Be sure to also notify your
•	enger shuttle agreement and agree to be bound by its terms. I understand that participation it of my enrollment at Hillcrest Academy. I also understand that breach of such terms will participation in the Shuttle.
Signature of Student	 Date

Date

Signature of the Parent or Guardian

Parent or Guardian Cell Number