



TRANSPORTATION RURAL INVOICE

2011-2012
Bus Fees

This form is for **REGISTERED TRANSPORTATION STUDENTS ONLY**
To REGISTER **NEW** STUDENTS FOR BUS SERVICE visit our website at www.rockyview.ab.ca

**REMIT PAYMENT AND COMPLETED
INVOICE TO:**

Rocky View Schools
Transportation Department
2651 Chinook Winds Dr. SW
Airdrie AB T4B 0B4

OR

Fax: (403) 945-4089

***Cheques/Money Orders are payable
to:***

Rocky View Schools

**\$115 per child (Grades 1-12),
maximum rate of \$230 per family
(2 children or more)**

***Kindergarten students are free and
will be transported one way.***

Fees will **not** be pro-rated for using the
transportation service for part of the year,
nor will it be refundable after **October 31st**.

WAIVER:

Fees may be waived for those who can
prove financial hardship as per Division
Policy.

Please visit our website at
www.rockyview.ab.ca to obtain the
necessary form.

To avoid any delays in your school bus service, please return this invoice along with payment to the address indicated above by
September 15, 2011. THANK YOU.

PARENT/STUDENT SURNAMES:

If the child has a different surname than the cheque
issuer, please indicate the child's name/s on the
cheque to ensure the account is credited properly.

PLEASE PRINT CLEARLY

Name of person issuing payment:
(if paying by cheque)



Business Ph. #

Home Phone #

Student Legal Name: _____

Grade: _____ School: _____

Student Legal Name: _____

Grade: _____ School: _____

Student Legal Name: _____

Grade: _____ School: _____

Student Legal Name: _____

Grade: _____ School: _____

The information on this form is being collected pursuant to the School Act and the Freedom of Information and Protection of Privacy Act. If you have any questions concerning the collection or use of this information, please contact us.

Please Indicate Your Method of Payment

Visa/American Express Cash Cheque Number _____ Debit Amount: \$ _____
 MasterCard No.

Expiry Date: _____ Please Print Name of Credit Card Holder: _____

If payment is by credit card, please provide your email address if you require an Email Receipt. _____

Office Use Cr. Card Auth. Date and Initial:

Date Payment Rec. & Initial: