



Choice School Policy Manual

PARENT AGREEMENT FOR BUS SERVICES - POLICY S-12

Choice School provides and maintains a school bus to accommodate parents by providing daily student transportation to and from school for a fee. In addition, the Choice Bus is used to transport students on field trips and other educational outings. Safety of operation is the paramount consideration. The bus driver is expected to perform as a professional driver and observe all requirements of the Motor Vehicle Act. The bus operates on a strict schedule and student behavioural expectations are clearly stated, shared with parents and reviewed and updated as required.

Student Expectations

Safety of operations is paramount and in order to maintain safety, these expectations for student behaviour* are mandatory.

1. Students are expected to conduct themselves to the same standards as the classroom. Shoving or pushing will not be permitted. While talking among students is permitted, there must be no undue noise.
2. Students must remain seated while the bus is in motion. Students must **remain** in their seats until the bus comes to a complete stop.
3. Students are required to wear seatbelts properly buckled for the duration of the trip.
4. Students must line up to embark on the bus in an orderly fashion. Students are also expected to line up and disembark from the school bus in an orderly fashion.
5. Students are expected to behave in a respectful manner towards the bus driver.
6. At their discretion, drivers can assign a particular seat to a student.
7. Students are not permitted to use profane language while on the bus. Language standards are the same as in the classroom.
8. All cases of misbehaviour on the school bus shall be reported by the driver to the Principal. Misbehaviour may result in suspension of the privilege of riding the school bus.
9. From time to time, during school bus journeys, the passenger area may be video recorded. This is for safety reasons and to ensure student behaviour on the bus falls within student conduct rules.

*See Policy S-12 Bus Transportation Safety for additional information

Terms and Conditions of School Bus Service

- Parents or designated caregivers are required to be at the morning pick-up point 5 minutes before the scheduled arrival. The bus is unable to wait for late arrivals.
- At after school drop off, parents or designated caregivers must be there 5 minutes before the scheduled time of arrival. Failure to do so will result in loss of access to bus services.
- If a student is not using the bus as scheduled, the bus driver, Mr. Majid, **MUST** be notified immediately - **604-603-3993** by text or phone, and then the school must be notified.
- For any changes to, or cancellation of this agreement for service, the school office must be notified by parents within 48 hours by email. Billing arrangements will remain in place until the school has been notified.



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Fees for Bus Service

1. Parent Fees for school bus services are set by the school on an annual basis and are subsidized by the school as a service to families.
2. All overdue payment will accrue interest at a rate of 2% per month, compounded monthly (26.8% per annum).
3. Payment for bus service must be made using the Pre-authorized Debt Authorization form below.

Full time service is defined as Monday to Friday each week, both morning pick-up and afternoon drop off. Within the boundaries of Richmond, the full-time monthly total is \$280 per month. Along the Vancouver route the full-time monthly total is \$320.00 per month.

Part time service is defined as Monday to Friday:

- specific days may be selected, or
- morning pick up only, or
- Afternoon drop off only.

Within the boundaries of Richmond, for half time service the monthly total is \$140 per month. Along the Vancouver route the half time monthly total is \$160 per month.

Occasional riders, one way, \$9.



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PRE-AUTHORIZED DEBIT AUTHORIZATION (PAD)

Student Name _____

I (we) (state names) _____, authorize **Choice School for Gifted Children Society** to debit my (our) bank account for the amounts invoiced for bus services invoiced at the times listed above. (Please Attach a **VOID** Cheque). **Choice School for Gifted Children Society** will provide you with notification of the bus usage charges, amount and scheduled payment date no later than 10 business days prior to the amounts being removed from your bank account to allow for any questions or concerns to be addressed.

Financial Institution (FI) _____

FI Account Number _____

FI Transit number _____

Signature(s) _____

Date _____



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I (we) acknowledge that this authorization is provided for the use of **Choice School for Gifted Children Society** and their financial institution and is provided in consideration of my (our) financial institution agreeing to process debits against my (our) account in accordance with the Rules of the Canadian Payments Association

I (we) warrant that all persons whose signatures are required to sign on this account have signed this Agreement.

This Authority is to remain in effect until **Choice School for Gifted Children Society** has received written notification from me (us) of its change or termination or the completion of the payments listed above, whichever comes first. This termination must be received by Choice School at least 10 business days before the next debit is scheduled. I (we) may obtain a sample cancellation or more information on my (our) right to cancel a PAD agreement at my (our) financial Institution or by visiting www.cdnpay.ca

I (we) have certain recourse rights if any debit does not comply with this agreement. For Example, I (we) have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To Obtain a form for a Reimbursement Claim, or for more information on my (our) recourse rights, I (we) may contact my (our) financial institution or visit www.cdnpay.ca

Termination of pre-authorized payment does not terminate my (our) obligations for payment of invoiced bus usage fees.

*I have read and agree to this Agreement for School Bus Services for my child(ren)

Child(ren)'s Name(s) (please print) _____

Parent's/Legal Guardian's Signature: _____

Parent's/Legal Guardian's Name (please print) _____

Date: _____

*Please sign and return. You may keep a copy for your records.