



2019-20 BUS SHUTTLE REGISTRATION FORM

(Use this form if adding the bus AFTER completing online enrollment.)

To assist families, Sherwood Christian Academy offers a bus shuttle service between Sherwood Baptist Church and SCA (**Albany Shuttle**). Shuttle slots are filled on a first-come, first-served basis. **Please get your registration in early.** Once shuttle slots are filled, a waiting list will be maintained of students interested in taking slots vacated during the year.

ALBANY SHUTTLE: \$50.00 Registration and \$600.00/year for first child and \$500/year each additional child (\$60/month Aug. - May for first child and \$50/month for each additional child) in a family. The pick-up/drop-off location will be at the Sherwood Baptist Church parking lot on Doncaster Drive. Morning departure will be **7:35 AM** and afternoon arrival will be **3:55-4:05 PM**. (The secondary school dismisses at 3:30 PM). Be sure to check the correct box below if also registering for STAR after-school care program. (The Albany shuttle monthly fee for all STAR students is \$300/year.)

By enrolling my child(ren) on the shuttle bus, I agree to the Shuttle Policies published in the Parent/Student Handbook available on FACTS Family Online (formerly RenWeb ParentsWeb) under Resource Documents. I understand that I will be billed the \$50 per child non-refundable Shuttle Registration Fee. I also understand that the Shuttle Registration Fee must be received to reserve my child(ren) a seat on the 2019-20 Shuttle. *Once registered for the Shuttle, please notify the Business Office in writing should you wish to discontinue the shuttle service and its fees.*

(If adding the shuttle AFTER school has begun for the year, please include the \$50 Shuttle registration fee with this form.)

Choose Shuttle →	<input type="checkbox"/> SHUTTLE ONLY	<input type="checkbox"/> SHUTTLE <i>ALSO ENROLLED IN STAR</i> <i>After-School Care (K3-6th grade)</i>

Student Name _____

Grade _____

Student Name _____

Grade _____

Student Name _____

Grade _____

Student Name _____

Grade _____

NOTE: Contact and medical information will be taken from the information you provided in the Household, Medical Information, and Emergency Contacts & Authorized Pickup sections of the online enrollment packet. Please keep this information up to date in FACT Family Online (formerly RenWeb ParentsWeb).

*SIGNATURE OF PARENT

DATE

Office use

\$ _____ Shuttle Reg Fee Paid by: cash _____ or check # _____ Rec'd by _____ Date _____