



**2025 - 2026
PAY RIDER PROGRAM REQUEST**

This form is to request SLPS Transportation for my child to the location indicated below. I understand one form per student is needed. The verification process will occur only after all immediate eligible students are assigned and there is an open seat. Upon verification of an available seat, you will be contacted with instructions to submit payment and obtain the bus route information.

The cost is \$100 per semester, per student, payable by check or money order.

We will not prorate any fees. The fee is payable in advance before service begins. Refunds are not provided.

FAX COMPLETED FORM TO: SLPS TRANSPORTATION ROUTING 772-340-7134

Type of Transportation requested:

Two different existing bus stops within the assigned school's transportation area (*new stops cannot be created*)

Use of the closest existing bus stop to the 2-mile proximity of the child's school

Note: Aftercare/daycare service requests are to be submitted via the approved daycare providers

Student Name: _____ Student ID#: 562

Age: _____ Grade: _____ School Student Attends: _____

Student's registered address with SLPS: _____

Address for 2nd bus: _____

Parent's Name: _____ Parent Signature: _____

Home: Phone #: _____ Cell Phone #: _____

*****FOR TRANSPORTATION ROUTING USE*****

Student Eligible: Yes No Assigned Bus#: _____

Pay Rider Bus #: _____ Pick-up: _____ Drop-Off: _____

Pay Ride Stop Location: _____

Parent Contact on: _____ by: _____

Spoke to Parent Left Voicemail No Contact Made

*****FOR BILLING USE*****

Invoice #: _____

Date: _____

Payment Rcvd Date: _____

Payment Rcvd by: _____

Effective Rider Date: _____