# U OF D JESUIT HIGH SCHOOL AND ACADEMY

## 2009-2010 Student Transportation **REGISTRATION**

PLEASE PRINT

Student Name:_____ Grade:_____
Last First Middle

Address:_____Home Telephone_____

Emergency contact information

Where parents can be reached if not at home? Birth Date:_____

MOTHER: Address_____ Telephone:_____

FATHER: Address_____ Telephone:_____

EMAIL:_____

**BUS ROUTE:** (please check one)

**North:**

☐ **Meijers-Rochester Hills** ☐ **St. Hugo** ☐ **Holy Name** ☐ **Our Lady Queen of Martyrs**

**East:**

☐ **St. Clare of Montefalco** ☐ **Our Lady Star of the Sea** ☐ **St. Joan of Arc**

**South:**

☐ **Sears Lot -Allen Park** ☐ **Sacred Heart** ☐ **St. Anselm** ☐ **St. Valentine**

**West:**

☐ **Our Lady of Victory** ☐ **Our Lady of Good Counsel (parish)** ☐ **St. Michael's - Livonia**

**Northwest:**

☐ **Barnes and Noble-West Bloomfield** ☐ **St. Fabian** ☐ **Our Lady of Sorrows**

**PLAN:**(please check the appropriate boxes)

Full Year: ☐ ONE WAY - $660 ☐ A.M. ☐ P.M. ☐ BOTH WAYS - $1,270

**-OR-**

Semester: ☐ ONE WAY - $380 ☐ A.M. ☐ P.M. ☐ BOTH WAYS - $660

**Single Ticket(s):** (one way)$5 ____# of one way tickets purchased (Non-refundable, non-returnable)

**Total amount enclosed:** $_____

**Checks made payable to: U of D Jesuit**

Fee for transportation must be paid in full prior to semester as follows: 1st Semester - August 3, 2009
2nd Semester - January 8, 2010

Please mail registration & payment to: **U of D Jesuit, Attn: Business Office, 8400 South Cambridge, Detroit, MI 48221**

**Refund Policy**

The following policy prevails whether the student withdraws voluntarily or is dismissed from the transportation program:

**No refund for the 1st Semester after August 17, 2009**
**No refund for the 2nd Semester after January 15, 2010**

Yes, I have read the enclosed U of D Jesuit transportation guidelines and have reviewed these with my son.

Parent Signature: _____ Date: _____