



The Richmond Jewish Day School

2017/2018 BUS FARE PAYMENT FORM

(Morning Pick-Up) 8:00 AM JCC Parking Lot (41 st & OAK)	(Return) Leave RJDS Approximately 3:30 PM
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Student(s) Name: _____ Parent Cell # for bus purposes: _____

Please indicate applicable bus fare:

CASUAL	EACH WAY \$5.00 – BOOK W/ OFFICE in Advance at (604) 275-3393					
MONTHLY	EVERY DAY 2-WAY \$85	EVERY DAY 1-WAY \$45			SPECIFIC DAYS 1-WAY \$45	
	<input type="checkbox"/>	AM <input type="checkbox"/>	PM <input type="checkbox"/>	Monday	AM <input type="checkbox"/>	PM <input type="checkbox"/>
				Tuesday	AM <input type="checkbox"/>	PM <input type="checkbox"/>
				Wednesday	AM <input type="checkbox"/>	PM <input type="checkbox"/>
				Thursday	AM <input type="checkbox"/>	PM <input type="checkbox"/>
				Friday	AM <input type="checkbox"/>	PM <input type="checkbox"/>

Please remit monthly payments in advance. Daily amounts are owed to the school office. Arrangements are to be made with the office by 1:00 PM the day of travel. For your convenience, we recommend leaving a credit card on file with the office for bus payments.

Payment methods

- Cash
- Cheque(s) payable to Richmond Jewish Day School
- Payment by VISA or MASTERCARD

Credit card number: Visa MasterCard _____

Name on card: _____ Exp. _____

Authorization Signature: _____





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** I acknowledge that the ability of my child to ride the bus is conditional on he/she being able to ride the bus in a safe and respectful manner. The school reserves the right to temporarily prohibit students from riding the bus, if the school administration determines that the student's conduct is inappropriate and/or unsafe.*

Parent Name: _____

Parent Signature: _____

Date: _____

Questions? Need more information? Call (604) 275-3393 or info@rjds.ca.