



2024-2025 School Bus Transportation Registration Form

Please complete and return by **June 30th**

Please Print

Parent/Guardian Information:

Parent Last Name First Name MI

Phone: _____ - _____ - _____

Email: _____

Address: _____

Student Information: #1 Student:

Last Name First Name MI

School: _____ Grade: _____ Student ID#: _____

#2 Student:

Last Name First Name MI

School: _____ Grade: _____ Student ID#: _____

#3 Student:

Last Name First Name MI

School: _____ Grade: _____ Student ID#: _____

Transportation Fee:

The annual transportation fee for the 2024-2025 school year is **\$280 per student** for **all** students, grades K-12.
The annual family cap is \$770.00.

Signature: (Parent or Guardian) _____ Date: ____/____/____

Please return with your payment to the Westwood Public Schools, 220 Nahatan Street, Westwood, MA 02090 by June 30th. There is no guarantee of a seat on the bus for registrations/payments received after the June 30th deadline. The transportation fee will be refunded if a seat is not available.

Rec'd in Business Office: ____/____/____	Amount: \$ _____	Check #: _____
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