MASS TRANSPORTATION AUTHORITY
Serving a need in your community.

2011 - 2012 School Year

Mass Transportation Authority
Transportation Request for Peak Service

MTA Customer Service
1401 South Dort Hwy
810-767-0100 Fax: 810-237-8712

Instructions:
Parent: Complete Sections 1 and 2
School: Complete Section 3 and submit Ride Request to MTA (via www.yourride.org)

Name of School: _____ **Date:** _____

SECTION 1: Primary Parent/Guardian - Parent: Complete Sections 1 and 2

First Name and Last Name | Home Phone | Cell Phone | Work Phone

Address | City | State | Zip
Address Change? (Circle): YES NO | MOM/DAD? _____ | Email Address: _____

Secondary Parent/Guardian

First Name and Last Name | Home Phone | Cell Phone | Work Phone

Address | City | State | Zip
Address Change? (Circle): YES NO | MOM/DAD? _____

SECTION 2: Student Information – Please list all students in household (attending the above listed school)

First Name and Last Name	Date of Birth	Grade	Home Phone	Special Needs? Y/N	Address	City	Zip	PreK or K? AM or PM	Mon	Tue	Wed	Thu	Fri
									InBnd OutBnd Late	InBnd OutBnd Late	InBnd OutBnd Late	InBnd OutBnd Late	InBnd OutBnd Late
									InBnd OutBnd Late	InBnd OutBnd Late	InBnd OutBnd Late	InBnd OutBnd Late	InBnd OutBnd Late
									InBnd OutBnd Late	InBnd OutBnd Late	InBnd OutBnd Late	InBnd OutBnd Late	InBnd OutBnd Late
									InBnd OutBnd Late	InBnd OutBnd Late	InBnd OutBnd Late	InBnd OutBnd Late	InBnd OutBnd Late
									InBnd OutBnd Late	InBnd OutBnd Late	InBnd OutBnd Late	InBnd OutBnd Late	InBnd OutBnd Late

InBnd = AM/PM and Full Day
OutBnd = 3pm or 5pm activity run / Times are approximates.

FARE PAYMENT COMMITMENT FORM

The Mass Transportation Authority Board has established the following bus fares for students utilizing public transportation.

Fixed Route and Peak Route Services	**Your Ride Services** (Must meet eligibility requirements)
Monthly Pass: $60.00 Monthly one way only: $90.00	

Student Passes MUST be purchased through Powers Catholic Business Office.
I agree to pay the appropriate daily fare, or purchase a monthly pass for my child/children to ride on public transportation. I understand that fare violations may result in loss of service and/or actions by a collection agency.

_____ _____
Parent Signature (Must be signed) **Date**