



ST. JOSEPH ACADEMY, INC.
TRANSPORTATION CONTRACT 2011/2012

STUDENT'S NAME: _____ GRADE _____ CELL Phone # _____

STUDENT'S NAME: _____ GRADE _____ CELL Phone # _____

ADDRESS: _____
Street City State Zip

HOME PHONE: _____

FATHER/GUARDIAN: Work Phone: _____ Cell _____ Other: _____

MOTHER/GUARDIAN: Work Phone: _____ Cell _____ Other: _____

ROUTE REQUIRED _____ Mandarin Bus
_____ Ponte Vedra Bus
_____ World Golf Bus

We, the undersigned parents, guardians, or legal representatives, hereby request that St. Joseph Academy Inc. allow our child(ren) to participate in the transportation program for the 2011-2012 school year. The undersigned parents, guardians or legal representatives hereby consent to the participation of their child(ren) named above in the transportation program.

St. Joseph Academy, Inc. (SJA) will provide transportation from August to June (180 school days) from designated pick-up site to SJA in the morning and from SJA to designated drop-off site in the afternoon.

All information included on the Application for Admission for the 2011-2012 school year will be used and applied to this contract. All rules, policies and procedures outlined in the 2011-2012 Parent and Student Handbook, as well as the Transportation Program Handbook, are in effect for students during their participation in the transportation program. All infractions, in addition to any possible consequences outlined in the handbooks will be referred to the Dean of Students who has the right to dismiss a student from the program. If a student is dismissed from the program, there are no refunds.

Transportation will be provided by and take place under the guidance and supervision of employees of SJA. If you request that your child(ren) participate, please read, complete, sign and return this contract which includes your consent, as well as a full release of liability. As parent or legal guardian, you remain fully responsible for any acts of the named student(s).

For and in consideration of the student(s) being allowed to participate in this program and other valuable consideration, the undersigned parents, guardians or legal representatives, on behalf of the student(s) and the student's parent, personal representatives, assigns, heirs and next of kin, do hereby release and hold harmless St. Joseph Academy, Inc. and its employees and agents of said parties engaged in this particular program, and their personal representatives or assigns, from any loss or damage on account of any injury to the person or the personal property, of the student(s), or death, caused by negligence or otherwise, while the student(s) are engaged in the bus transportation program. The undersigned expressly agree that this release, waiver and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Florida, and that if any portion of this agreement is held invalid, it is agreed that the balance shall notwithstanding, continue in full legal force and effect.

PAYMENT AGREEMENT

We, the undersigned parents, assume financial responsibility of \$1,200.00 per rider for round-trip transportation or \$600.00 per rider for one-way transportation for the 2010-2011 school year. We understand and agree that the fee is a commitment which is **non-refundable** and **non-negotiable**.

_____ Paid in Full. Check attached.

_____ Bill me \$120 per month per student for round-trip transportation for 10 months. This amount can be included in FACTS monthly withdrawals if requested.

_____ Bill me \$60 per month per student for one-way transportation for 10 months. This amount can be included in FACTS monthly withdrawals if requested.

AGREEMENT

We, the undersigned, agree to all terms and conditions of this contract and to comply with all current policies, rules and regulations of St. Joseph Academy, Inc. and any amendments or changes made to said policies, rules and regulations at St. Joseph Academy's sole discretion.

We agree to pick up our student(s) at the designated times. Failure to do so may result in dismissal from the program.

Student's Signature: _____

Date: _____

Student's Signature: _____

Date: _____

Father/Guardian's Name _____
Please Print

Date: _____

Father/Guardian's Name _____
Signature

Mother's/Guardian's Name _____
Please Print

Date: _____

Mother's/Guardian's Name _____
Signature