

JUAN DIEGO ACADEMY

Catholic Regional High School



Bus Transportation Form

Schedule

Departing all school days from St. Joseph Catholic School at 7:15 AM (Return 4:15 PM)

Pick up and departure from Our Lady of Sorrows Church at 7:45 AM (Return at 4:00 PM)

Arrives at Juan Diego Academy at 7:50 AM

Student's Name _____ Grade _____

Contact Phone Number (in case of emergency) _____

Pick up Location (please check one)

____ St. Joseph Catholic School, Edinburg

____ Our Lady of Sorrows Church, McAllen

Service Desired (please check one)

____ Fall Semester 20__ - 20__ (\$450.00 payment due by August 10)

____ Spring Semester 20__ - 20__ (\$450.00 payment due by December 10)

____ School Year 20__ - 20__ (\$900.00 payment due by August 10 or as indicated above)

Student Signature _____ Date _____

Parent Signature _____ Date _____

By my signature, I agree that I will abide by all the rules and guidelines for the use of the [Juan Diego Academy](#) Bus Service. I know that payment for each semester must be made in advance, by the announced deadline. I further understand that violation of any safety guidelines or inappropriate conduct per policies outlined in the *Student-Parent Handbook* may be grounds for losing the privilege of using the [Juan Diego Academy](#) Bus Service.