

DILLON CHRISTIAN SCHOOL

COMMUTER BUS

Dillon Christian School exists to provide spiritual leadership to our community by partnering with parents to train children to glorify God and enjoy Him forever. We are very excited to be able to partner with parents in providing safe transportation to school. We want to be able to accommodate families who would have to travel quite a distance to ensure their child receives a Christ centered quality education. We will run two buses again this year.

Bus Stop	Pick-Up Time	Drop-Off Time
404 Hatfield Court, Lumberton, NC 28358	7:15 am	3:30 pm
Old DSS Building, Exit 17, Lumberton, NC 28358	7:30 am	3:30 pm

Fees for the 2024-2025 school year are as follows:

Per Year/Monthly Payment-One Way:
\$550/\$55

Round Trip:
\$1000/\$100

1. A registration fee of \$200 for first time applicants must accompany the application. Said fee is non-refundable and does not apply toward a monthly payment.
2. The first payment must be made by August 1st. Payments will be made the 1st of the month thereafter. If payment is late, there will be a late fee at the rate of 5% monthly.
3. If payment is 30 days late, the student may **NOT** ride the bus until payment and late fees are collected.
4. A re-enrollment fee of \$50.00/per student is due before May 31st to reserve your seat(s) for next year. The said fee is non-refundable and will not apply toward the monthly payment.
5. All policies governing Dillon Christian School are applicable to the Commuter Bus.

**DILLON CHRISTIAN SCHOOL
2024-2025
Commuter Bus Contract**

Please complete this application and return it to DCS accompanied by a \$200.00 for first time applicant/\$50.00 for current rider non-refundable REGISTRATION FEE. The payment of the \$200.00/\$50.00 fee will secure your seat on the 2024-2025 DCS Commuter Bus.

Parent's Names

Father _____

Mother _____

Address

Father's Home Phone # _____ Cell # _____

Work # _____

Mother's Home Phone # _____ Cell # _____

Work # _____

Students Riding Bus	Grade	One Way	Round Trip
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Pick up/Drop off Location: _____

If you cannot be reached in case of emergency, list those whom we may contact:

Name: _____ Telephone: _____

Name: _____ Telephone: _____

*Name of Physician: _____ Phone: _____

*Does the applicant have any physical or mental handicaps? () Yes () No If yes, please explain

In spite of every precaution, accidents do occur. In such an event, the bus driver can be depended upon to use good judgment in getting immediate and proper care for any child. I hereby give permission for my child to ride the Dillon Christian School Bus and will not hold Dillon Christian School nor any officer or employee thereof liable for any pupil during such time as the pupil is on the bus.

PARENT SIGNATURE _____ DATE _____