



Transportation Department · 2808 N. US Hwy 85, Bldg. B · Castle Rock, CO 80109
Phone 303-387-0447 Fax 303-688-3543 email zpass@dcsdk12.org

2012-2013 APPLICATION FOR BEN FRANKLIN ACADEMY (BFA) TRANSPORTATION SERVICES

If your child currently has a working Zpass card you **DO NOT** need to complete a new application, unless your mailing address has changed since original application ☐ **check here if your address has changed**. Please have your student continue using his or her current Zpass card. If your student has never had a Zpass card and requires transportation for the 2012-2013 school year, please complete and return this application to DCSD Transportation Department at the address, fax or email address above. **** Please note that replacement cards DO NOT require a new application.** Contact the Transportation Zpass office (see above) to request a replacement card.

☐ New card/new transportation student (**has never had card**). Please include \$25.00 initial card fee payable to DCSD Transportation. If you do not include the \$25.00 card fee with application, you will be charged the \$25.00 fee on your next billing invoice.

****You will be charged quarterly on a \$1.00 per ride basis (see attached Transportation Fee Schedule for billing dates).**

Parent/Guardian's Name(s) _____

Mailing Address _____

Street Address

City

Zip Code

Home Phone: _____ Alternate Phone: _____

Please list student requiring transportation below (one student per application):

Student's Last Name	Student's Legal First Name	Middle Initial	School	Grade	Student ID #

Please make sure that your correct email address is listed with your school and in your Parent Portal Infinite Campus account, so that you may be notified via email when your statement is ready.

In the event that you do not have access to email, please check the box to the left and a paper statement will be mailed to your mailing address listed in Infinite Campus. **Please make sure your child's school has your correct mailing address.**

My initials indicate that I have read and understand items numbered 1-5 below. Each item must be initialed in order for your application to be processed.

- _____ 1. The District may cancel or deny our eligibility under this program for any misuses or misrepresentations of any facts or circumstances connected with our participation in its benefits.
- _____ 2. Failure to return this signed application will result in loss of riding privileges.
- _____ 3. Consequences for failure to pay transportation fees may result in loss of school privileges, including but not limited to, participating in graduation ceremonies, receiving yearbook and/or other school events.
- _____ 4. Outstanding transportation fees may be sent to a collection agency and/or further legal action.
- _____ 5. I understand my account will be charged for replacement Zpass cards in the amount of \$25.00 for each replacement card issued. Further, I understand that if my child rides and does not use a Zpass card, manual entries will be billed on my account **and** I will be billed for an initial or replacement Zpass card, as all students riding the bus must use a Zpass card.

My signature indicates that I have read and understand all the above terms of the application for transportation services.

Parent/Guardian Signature: _____ Date _____

Administrative use only: ☐ FRL ☐ TRSS ☐ PB ☐ TE ☐ PMT # _____ AMT _____ DATE _____