

(YOU DO NOT NEED TO RETURN THIS FORM IF YOUR STUDENT WILL BE RIDING THE BUS)

If you wish to participate in the **2019-2020 OPT OUT** program, please complete, sign, and return the form below by **July 1, 2019**. ---There will be **NO EXCEPTIONS** to this deadline.---

The form must be received by **July 1st** to allow reasonable time to adjust bus routes.

If we do not receive a form from you by July 1st your child will receive a bus assignment for 2019-2020 .

If you do not opt out at this time you will NOT be eligible for this credit at any other time during the 2019-2020 school year

BE SURE TO MAKE A COPY OF THIS FORM AFTER YOU FILL IT OUT. IN CASE OF ERROR WE WILL NEED THE COPY TO VALIDATE A CREDIT.

PLEASE USE ONLY 1 METHOD OF RETURNING THE OPT OUT FORM

Email: rneumann@bhmschools.org

Drop Off or Mail: Business Office – 214 1st Ave NE - Buffalo, MN 55313

Fax: 763.682.8785

Questions? Please email rneumann@bhmschools.org

(If you do not know student's ID#, please make sure the address is correct so we can identify student)

THIS PROGRAM IS FOR BUFFALO HIGH SCHOOL AND PHOENIX STUDENTS ONLY.

Full time Post-Secondary and out of district Arts Magnet Students are NOT ELIGIBLE for this Program.

2019-2020 TRANSPORTATION OPT OUT FORM

Student Name _____ **Grade** _____ **Student ID#** _____

Address: _____ **City** _____ **State/Zip** _____

School: Circle One - BHS or PLC

CREDIT OPTION: _____ **2nd Semester Food Service Credit** _____ **2nd Semester Parking Pass Credit**

CHOOSE ONLY ONE OPTION: IF NO OPTION IS CHOSEN YOU WILL RECEIVE THE FOOD CREDIT

By signing below I agree to waive transportation during the 2019-2020 full school year for my student listed above.

In exchange, I accept the above marked CREDIT OPTION.

I agree to reimburse the district the FULL COST if my child rides the bus at any time.

I understand the cut-off date is July 1st, 2019 and this form will not be accepted after that date. No Exceptions.

Parent or Legal Guardian Signature

Date