



## ACA of Charleston Request for **Consideration** to ride bus

The bus arrangement is based upon a yearly membership of 10 equal payments. This consistent Membership fee helps defray the price of fuel, repairs, and maintenance. It is not based on the number of students on the bus or the number of trips per month.

Family Name \_\_\_\_\_

Membership cost:

Child's Name \_\_\_\_\_

Child's Name \_\_\_\_\_

\$ \_\_\_\_\_ / month

I am requesting **to be considered** for a yearly membership to transport my child/children on the ACA bus. I am aware this membership is ten (10) separate payments due on the 1<sup>st</sup> school day of each month.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Home Address \_\_\_\_\_

### **Rates – 2025-2026**

\$60.00 first student

\$20.00 for each additional child