



2024-25 Student Transportation Application

Complete one form per family per location. Include each child in the household utilizing bus services. Complete a second form if there are more than five students in a household. Select SHELA for preschool students. Return form to 802 S. A-Line Dr., Spring Hill, KS 66083 or SpringHill-24203@firstgroup.com.

Parent/Guardian Last Name: _____ **First Name:** _____

Daytime Phone: (____) _____ **Evening Phone:** (____) _____

Address: _____ **City, State Zip:** _____

Parent/Guardian Last Name: _____ **First Name:** _____

Daytime Phone: (____) _____ **Evening Phone:** (____) _____

Address: _____ **City, State Zip:** _____

Pickup or Drop off address (if different from parent/guardian address)

Address: _____ **City, State Zip:** _____

Student's Last Name: _____ **First Name:** _____

Circle School: SHELA DCES SHES PCES TSES WCES FSMS SHMS WSMS SHHS **Grade:** _____

First Semester: One-way transportation? YES or NO Two-way transportation? YES or NO

Second Semester: One-way transportation? YES or NO Two-way transportation? YES or NO

Student's Last Name: _____ **First Name:** _____

Circle School: SHELA DCES SHES PCES TSES WCES FSMS SHMS WSMS SHHS **Grade:** _____

First Semester: One-way transportation? YES or NO Two-way transportation? YES or NO

Second Semester: One-way transportation? YES or NO Two-way transportation? YES or NO

Student's Last Name: _____ **First Name:** _____

Circle School: SHELA DCES SHES PCES TSES WCES FSMS SHMS WSMS SHHS **Grade:** _____

First Semester: One-way transportation? YES or NO Two-way transportation? YES or NO

Second Semester: One-way transportation? YES or NO Two-way transportation? YES or NO

Student's Last Name:_____ **First Name:**_____

Circle School: SHELA DCES SHES PCES TSES WCES FSMS SHMS WSMS SHHS **Grade:**_____

First Semester: One-way transportation? YES *or* NO Two-way transportation? YES *or* NO

Second Semester: One-way transportation? YES *or* NO Two-way transportation? YES *or* NO

Student's Last Name:_____ **First Name:**_____

Circle School: SHELA DCES SHES PCES TSES WCES FSMS SHMS WSMS SHHS **Grade:**_____

First Semester: One-way transportation? YES *or* NO Two-way transportation? YES *or* NO

Second Semester: One-way transportation? YES *or* NO Two-way transportation? YES *or* NO

Comments:

Fee Information

Full-Year, 1 child only	\$420.00
Full-Year, Family at one location	\$660.00
Semester, 1 child only	\$250.00
Semester, Family at one location	\$380.00

Payment may be made by check or money order. Make checks payable to First Student – Spring Hill. The fee is the same whether the student(s) rides one or both ways. Fees are subject to change at semester.

Sign-up and fees are due three days before the first day of each semester. Students will not be eligible to ride until fees are paid in full. Insufficient fund checks do not constitute payment. The return check fee is \$25.

Contact First Student – Spring Hill with questions:
(913) 592-5121
SpringHill-24203@firstgroup.com