North Attleborough Public Schools Family Cap Transportation Fee Application

Please print or type:

Student Name(s) 1._____ Grade_____

2._____ Grade_____

3._____ Grade_____

4._____ Grade_____

Home Address: _____

_____

Transportation Fee:

Student #1 My child will be participating in _____ Busing
_____ Parking

Student #2 My child will be participating in _____ Busing
_____ Parking

Student #3 My child will be participating in _____ Busing
_____ Parking

Student #4 My child will be participating in _____ Busing
_____ Parking

Total Amount for Transportation Fee(s)_____
$600 Family Cap:_____

I have applied for Free and Reduced Lunch and give permission to share my eligibility status in regards to the activity fee status: Yes_____ No_____

- If paying by personal check, please make check payable to: North Attleborough Public Schools.

Please return completed form and payment to:

North Attleborough High School
Attn: Kurt Kummer, Athletic Director
1 Wilson W. Whitty Way
North Attleborough, MA 02760