

The A-Line

Transportation service for those who live less than 2.5 miles from their school

Andover Public Schools will make available fee-based transportation for all students in the district who live less than 2.5 miles from their school and choose to ride the bus.

- ➔ Eligibility for this program is based on the student's home address, not from the location the student boards the bus.
- ➔ Students must be registered and fees must be paid before transportation can begin. Registration must be made by parents — not by students or babysitters.
- ➔ The program fee is \$100 per year per student. Pro-rating will be available to new students only.
- ➔ There is a maximum fee of \$150 per year for all students in one family who live at the same address.
- ➔ Students in the program must go to the nearest established bus stop for pick up.
- ➔ There are no discounts for students in sports or other activities that make it necessary for the student to use the bus only once a day—the cost remains the same whether the student(s) ride one way or both ways.

- ➔ Students who qualify for free or reduced lunches may use this program for free.



Because the district receives state aid for transporting students who live 2.5 miles or more from their school, the district will continue to provide free bus transportation for all of those students.

To use the A-Line, please complete the form included on the back of this sheet and return it with payment by August 1 to Julie Clopton, Director of Transportation, at 222 E. King, Andover, KS 67002.



If you have any questions about Andover Public Schools Transportation or The A-Line, please contact the Transportation Department at (316) 218-4621 or cloptonj@usd385.org.

Application for Busing in the A-Line Program (for students who live less than 2.5 miles from their school)
 Please complete one form per family per location, listing each child in the household who will be riding the bus.

1. Student's Last Name: _____ First Name: _____

School: _____ Grade: _____

2. Student's Last Name: _____ First Name: _____

School: _____ Grade: _____

3. Student's Last Name: _____ First Name: _____

School: _____ Grade: _____

4. Student's Last Name: _____ First Name: _____

School: _____ Grade: _____

Home address: _____

Parent/Guardian Name: _____

Cell Phone: _____ Work Phone: _____ Evening Phone: _____

If you qualify for free or reduced lunches, this service is free.

Please make checks payable to Andover USD 385. Enclosed: \$ _____ for # _____ students in family.

If you paid online, please print a copy of your receipt and send it in with this form.

Alternate Pick Up and Drop Off Request

If a student is to be picked up or dropped off at an address other than the home, fill out the information below. Please note: the location must be in the boundaries of the school the student is attending—student transfers due to babysitter location may be allowed—contact Administration at (316) 218-4660.

Pick up location: _____
 Name of resident _____ Phone # _____

Address _____ Pick up days: M T W TH F

Drop off location: _____
 Name of resident _____ Phone # _____

Address _____ Pick up days: M T W TH F

*****Office Use Only Below*****

Date: _____ Method of Payment: _____ Amount Received: \$ _____

Student #1 Bus # _____

Student #2 Bus # _____

Student #3 Bus # _____

Fee
 \$100 per student per year
 Maximum fee of \$150 per year for all students in one family who live at the same address.

