CHOICE TRANSPORTATION SELECTION FORM

_Yes, I want my child to ride a shuttle bus for	the 2022-23 school year.
Child's Name:	
School Attending:	
Step 1: Select your preferred shuttle stop.	
ICS / Stella Schola (AM / PM)	EAS (AM / PM)
#1A Redmond Elementary (AM / PM)	Mead Elementary (AM / PM)
#1B Inglewood Middle (AM / PM)	Evergreen Middle (AM / PM)
#1C Evergreen Middle (AM) / Dickinson (PM)	Rockwell (AM) / RHS (PM)
Automated Clearing House (ACH) without Step 3: Parent/Guardian Signature, Name, Address and	
Parent/Guardian Signature:	
Parent/Guardian Name – (Please Print):	
Address:	
City, State, Zip:	
Parent/Guardian email:	
Primary Phone:	

Step 4: Return forms by Monday, June 6th to:

Lake Washington School District
Attn: Business Services – Choice Transportation
P.O. Box 97039
Redmond, WA 98073-9739

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH WITHDRAWALS)

Parent/Guardian Name
(Please Print)
I/we hereby authorize the Lake Washington School District #414 to initiate debit entries from my/our () Checking or () Savings account (select one) indicated below. This debit will be for:
\$37.50 per month for 10 months (\$375.00 total)
This deduction will occur on the 6 th calendar day of each month starting September 6, 2022 with the last deduction taken on June 6, 2023. If the 6 th falls on a weekend or holiday, the funds will be drawn on the next business day. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.
Required Parent/Guardian Information:
Financial Institution:
Routing Number:
Account Number:
This authorization is to remain in full force and effect until July 31, 2023 or until written notification of change or termination is received by the Lake Washington School District

ATTACH VOIDED CHECK HERE

of change.