



195-15 Linden Bolevaurd
St. Albans NY 11412
917-545-6762
contact@gloriousfuture.org
www.gloriousfuture.org

Bus Service Application

Name of Child: _____

Address: _____ City: _____

State: _____ Zip Code: _____

Date of Birth: _____ M/F

School: _____ Grade: _____

Class: _____

Teacher: _____

Mother's Name: _____ Father's
Name: _____

Work Phone: _____ Work
Phone: _____

Cell Phone: _____ Cell
Phone: _____

Email: _____ Email: _____

Pick-up Address: _____

Drop Off Address: _____

Drop-Off Contact: _____

Emergency Contact:

Name: _____ Phone
#: _____ Relationship: _____

Name: _____ Phone
#: _____ Relationship: _____

Name: _____ Phone
#: _____ Relationship: _____



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Pick-Up & Drop Off Service

St. Albans & Hollis Service Area Quotes
 Security Fee: 2 weeks (to be used towards final payments)

Drop-off from→
 Home to school/→
 Center to home.
 School to home→

← Drop-off from

One Way Trip (Weekly)	\$65
Round Trip (Weekly)	\$100
Daily Single Trip	\$15

Service Policy

- A minimum of 2 week's deposit is required to secure child's seat
- weekly/ monthly Fees are required regardless of how many days students are picked up or dropped off
- Payment are based on enrollment not attendance
- All payments (quick pay by zelle/ cash app) Cash Payments are not accepted
- All payments are due before service
- A full 2 week's (10 business days) notice is required if you would like to withdraw from the program for any reason.

I _____ agree to use Glorious Future Bus Service to Pick-up/Drop-off my child(ren) to/from school. I agree to pay a weekly fee of \$_____ one way and \$_____ round trip fee weekly.

Parent/Guardian's Name Print
 Name Print

Parent/Guardian's

 Date

Parents,

Please ensure that your child is ready 10 minutes before pick-up time and ensure that someone 16 years or older is at home to pick up your child at the scheduled pick up time.