

# Caravel Academy

2801 Del Laws Road Bear, Delaware 19701



ROBERT C. PEOPLES  
Founder

DOROTHY M. PEOPLES  
President

DONALD C. KEISTER, JR.  
Headmaster

Phone (302) 834-8938  
Fax (302) 834-3658  
www.caravel.org

## CARAVEL ACADEMY—TRANSPORTATION CONTRACT

Date \_\_\_\_\_

### I. Parent Commitment to Transportation Service

I \_\_\_\_\_ parent or legal guardian of \_\_\_\_\_ hereby agree to the terms set forth in this contract as binding for the school year 2019-20. The school year shall be defined as the first day of school as set forth on the official school calendar until the last day set forth on said calendar.

### II. Service to be Rendered

All transportation routes shall be established by the Director of Transportation but are subject to change at her discretion. Service will include round trip runs for the number of days specified on the official calendar (usually 180 days). Snow routes will be established.

### III. Student Discipline

It is fully understood that for the maintenance of safety, child/children will follow all rules as specified by the Director of Transportation and follow all directions of the bus drivers. Failure to follow either of the above may result in a school awarded discipline and/or removal from the bus service for a period of time as specified by the Headmaster of Caravel Academy without claim to any reimbursement.

### IV. Payment

Caravel Academy offers four (4) types of payment plans. Plan 1, payments are to be made in two (2) equal halves. The first payment is due prior to September 1, 2019, and the final payment is due prior to January 15, 2020. Plan 2, payments are twelve (12) equal payments from August 1, 2019 through July 1, 2020. There is a 5% participation fee charged for payments under Plan 2 and calculated on the entire rate. Plan 3, payment is due prior to September 1, 2019. There will be a 2% discount on the entire payment made under Plan 3. Plan 4, payments are ten (10) equal payments from August 1, 2019 through May 1, 2020. There is a 2% participation fee charged for payments under Plan 4 and calculated on the entire rate.

\_\_\_\_\_  
Payment Plan Selected

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Accepted by Caravel Academy, Inc.

\_\_\_\_\_  
Parent/Guardian Signature

# CARAVEL ACADEMY BUS RIDER INFORMATION SHEET

**Cindy Hanifee**  
Director of Transportation  
Phone: (302) 918-1107  
Email: chanifee@caravel.org

**Finance Office**  
Phone: (302) 918-1103  
Fax: (302) 834-5048  
Email: finance@caravel.org

If your children require bus service for the school year 2019-20 complete this form and return to the Finance Office. This form must be returned in order to activate bus service.

NAME OF STUDENT \_\_\_\_\_ ENTERING GRADE \_\_\_\_\_  
\_\_\_\_\_ ENTERING GRADE \_\_\_\_\_  
\_\_\_\_\_ ENTERING GRADE \_\_\_\_\_  
\_\_\_\_\_ ENTERING GRADE \_\_\_\_\_

HOME PHONE NUMBER \_\_\_\_\_ EMAIL \_\_\_\_\_

ADDRESS \_\_\_\_\_ DEVELOPMENT \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

ENTER LOCATION OF PICK-UP OR DROP-OFF IF OTHER THAN HOME ADDRESS

\_\_\_\_\_  
\_\_\_\_\_

CHOICE OF SERVICE (CHECK ONE): \_\_\_\_\_ A.M. & P.M. \_\_\_\_\_ A.M. ONLY \_\_\_\_\_ P.M. ONLY

Number of Days Riding the Bus: \_\_\_\_\_

If not using 5 days per week, please specify days using: \_\_\_\_\_

Although Caravel Academy tries to be as accommodating as possible when setting up bus routes, we CANNOT guarantee requested stops or times for pick up or drop off. Families who return forms late are not guaranteed bus service or MAY BE assigned to established stops rather than have a choice of stops. Parents will be notified of bus schedules by E-mail in late August.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_