



FORT BEND INDEPENDENT SCHOOL DISTRICT

TRANSPORTATION DEPARTMENT

Hodges Bend Center
16707 Bissonnet St.
Houston, TX 77083
(281) 634-1970

Lake Olympia Center
3130 Lake Olympia Pkwy.
Missouri City, TX 77459
(281) 634-1920

Customer Care: (281) 634-4077 / Email: transport.support@fortbendisd.com

PAY TRANSPORTATION

Eligibility: Students living less than 2 miles from school may apply for pay transportation service for schools that have bus service. Special Circumstance Transfers are based on specific criteria and transportation is not eligible for Pay Transportation.

Application for Pay Transportation: Applications are available at any FBISD Transportation Center or online at www.fortbendisd.com, Transportation Department page. Applications may be submitted beginning July 15th. Mail or drop the application off at any FBISD Transportation Center. Schools **cannot** accept completed applications or payments.

Service is dependent upon route availability and available space on the bus. Request for service is on a first come, first served basis. Parents will be notified if pay transportation service is available, bus stop and route information, and when service will begin. At that time, if the terms are agreed to, payment for service will be expected within 5 days. Fees are not pro-rated; all fees are due in full no matter when service begins or ends.

Fee (per Student) - Check, Cashier's Check or Money Order only:

- \$200.00 (per Student) August - December
- \$250.00 (per Student) January - End of School Year
- \$450.00 (per Student) School Year

If on Free or Reduced Lunch:

- \$140.00 (per Student) August - December
- \$175.00 (per Student) January - End of School Year
- \$315.00 (per Student) School Year

An invoice will be mailed in December for the 2nd semester of school. Transportation service will be cancelled if payment is not received by the due date noted on the invoice. Schools and bus drivers **are not** allowed to accept payments for service.

Cancellation of Service

Due to Non-Payment: Service will be cancelled if payment is not received by the due date. The student will not be allowed to ride the bus until payment is received.

Voluntary cancellation: No refund will be granted for unused months for voluntary cancellations. If you would like to discuss your cancellation for other reasons, please contact the Transportation Center that services your school.

Non-Sufficient Funds: Checks returned non-sufficient funds (NSF) are handled by Check Smart and subject to a fee of \$30.00 plus applicable sales tax. If a check is returned NSF, all future payments must be made by cashier's check or money order.

Dispatch Desk Hours of Operation:

Summer Hours: Monday thru Thursday, 8:00 a.m. to 5:00 p.m.

First Day of School to Last Day of School: Monday thru Friday, 6:00 a.m. to 6:00 p.m.

FBISD Transportation Dept. Use Only

Date Rc'd _____ Time _____

Rc'd By _____

**FORT BEND ISD
REQUEST FOR PAY TRANSPORTATION**Payments **are not** required until availability, stop and route information are confirmed and accepted. No cash.**FBISD Transportation Dept.**

Hodges Bend Center - 281-634-1970

16707 Bissonnet, Houston, TX 77083

Lake Olympia Center - 281-634-1930

3130 Lake Olympia Pkwy, Missouri City, TX 77459

Fees (per Student):

\$200.00 Aug-Dec. If free/reduced lunch - \$140.00

\$250.00 Jan-end of school year. If free/reduced lunch - \$175.00

\$450.00 Entire school year. If free/reduced lunch - \$315.00

DATE OF APPLICATION_____
STUDENT'S NAME_____
SCHOOL_____
GRADE_____
EMAIL ADDRESS_____
HOME ADDRESS_____
MAILING ADDRESS_____
CITY, STATE AND ZIP_____
CITY, STATE AND ZIP

I request that transportation for my child be provided for the _____ - _____ school year.

My student will need transportation in the (circle your choices): AM PM BOTH

I am requesting transportation service for:

_____ \$200.00 Aug-Dec. (Free/reduced lunch - \$140.00) _____

\$250.00 Jan-end of school year. (Free/reduced lunch - \$175.00) _____

\$450.00 Entire school year. (Free/reduced lunch - \$315.00)

Signature of Parent or Guardian_____
Printed Name of Parent or Guardian_____
Home/Cell Phone_____
Work Phone**FOR OFFICE USE ONLY**_____
Service Paid Thru_____
AM Rt. #_____
Begin Service_____
PM Rt. #_____
Stop Location_____
Miles

Date Called / Confirmed _____ Time _____ Person Contacted _____

Trans. Employee Signature _____ Date _____ Time _____