



# Bus Application Form 2023 – 2024



Dear Parents,

Please keep this page for your own information and submit the next page which has the application form for MEI bus service for the **2023 – 2024** school year (one application per family). **All students, including current riders need to complete a bus application form each year.**

MEI currently operates four user pay school bus routes. Our routes service Mission, Chilliwack, Arnold and East Abbotsford. MEI buses do not provide door to door pick up and drop off but rather centralized pick up and drop off locations that are selected primarily based on safety and route efficiency. Pick up and drop off locations vary from year to year based on ridership. **Should space be available, your child(ren) will be placed on a bus route based on your home address.**

MEI Buses do not service any area west of Clearbrook Road.

### **Bus Fees:**

Bus Rates & Fees will be finalized and published in May 2023.

### **Payment Options:**

There are two ways to pay for bus service:

- 1) Pre-authorized monthly debit withdrawal
- 2) Credit card payment in full (VISA OR MASTERCARD ONLY)

Payment in full or a payment authorization form must be received by September 15, 2023 in order to maintain your space on the bus.

### **Application Process:**

1. Applications for current riders, current MEI students and their siblings will be received between January 3, 2023 and January 30, 2023.
2. Bus Applications for prospective students will only be accepted once a student has received a formal acceptance letter.
3. Applications will be received at any school office or by email to: [meibus@meischools.com](mailto:meibus@meischools.com)

### **Current Routes:**

Route A – Chilliwack, Yarrow, Arnold, Greendale

Route B – East Abbotsford, Eagle Mountain, Huntingdon Village

C – Mission, Matsqui

Route D – East Abbotsford, Auguston, Clayburn



# Bus Application - 2023 – 2024

Parent/Guardian’s Names: \_\_\_\_\_

Parent/Guardian’s Cell Phone #1: \_\_\_\_\_ Parent/Guardian’s Cell Phone #2: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

*(House # and street required)*

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Home Phone # \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

Student(s) Name:	Grade: (2023-2024)	Birthdate:	Care Card #:	
				<input type="checkbox"/> Current bus rider <input type="checkbox"/> Sibling of current bus rider <input type="checkbox"/> New rider (current student) <input type="checkbox"/> New rider (new to MEI)
				<input type="checkbox"/> Current bus rider <input type="checkbox"/> Sibling of current bus rider <input type="checkbox"/> New rider (current student) <input type="checkbox"/> New rider (new to MEI)
				<input type="checkbox"/> Current bus rider <input type="checkbox"/> Sibling of current bus rider <input type="checkbox"/> New rider (current student) <input type="checkbox"/> New rider (new to MEI)
				<input type="checkbox"/> Current bus rider <input type="checkbox"/> Sibling of current bus rider <input type="checkbox"/> New rider (current student) <input type="checkbox"/> New rider (new to MEI)

(Please include any new siblings that currently don't attend MEI but will submitting a new application in January).

Any allergies or medical concerns: \_\_\_\_\_

If your information changes, please notify the school immediately by email to [meibus@meischools.com](mailto:meibus@meischools.com).

### For Office Use Only:

Date Received: \_\_\_\_\_ By \_\_\_\_\_

Intake:  Secondary  Middle  Elementary

Bus Route Assigned: \_\_\_\_\_

Accepted

Waitlisted



MEI Schools Transportation Department strives to ensure a safe, healthy, and caring environment for all its students at all time while they are in our care. To ensure that all students have a positive experience while riding our buses, we require all our students to follow the MEI Bus Code of Conduct. We will review this code of conduct with our students, and we ask that parents review it with their children, as well.

### Bus Code of Conduct:

While on the bus, students will:

- Use quiet voices. If a student wishes to socialize when on the bus, they should do so in a way that is quiet and respectful to the needs of the driver.
- Use earbuds or headphones when using an electronic device.
- Not eat or drink while on the bus. Students may eat and drink before getting on the bus and after they disembark.
- Remain seated and facing forward at all times while riding the bus.
- Keep all body parts to themselves.
- Refrain from throwing items or placing any body parts out of the windows.
- Respect the driver, other passengers, and the occupants of other vehicles or pedestrians.
- Act in a way that is consistent with the expectations we have of students in our classrooms, hallways and playgrounds.

Any violation of this code of conduct may be referred to the school’s administration and repeated violations may require in the student losing the privilege of riding an MEI bus. In this case, families will need to make alternate arrangements for transportation to and from school.

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Please read, sign, and return to your child’s school.

Students whose form has not been completed and submitted by Wednesday September 15, 2023 will not be permitted to ride the bus until this form has been completed.

My signature indicates that I have read and understand the above Code of Conduct for all bus passengers.

Student Name (printed)	Student Signature

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Date Signed



MEI Schools  
Administration &  
Finance Office

4081 Clearbrook Rd  
Abbotsford, BC  
V4X 2M8

T 604.859.3700  
F 604.859.9206  
meischools.com  
finance@meischools.com

## ANNUAL CREDIT CARD PAYMENT AGREEMENT BUS FEES

Please complete this form if you would like to pay your child(ren)'s Bus fees by credit card.

**I hereby authorize MEI Schools to charge my credit card, specified below, for the payment of Bus fees.**

*Please note that Bus fees for the full year are charged on September 1<sup>ST</sup>.*

Payer's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_

Student's Name (Last, First)	Grade	Annual Bus Fee
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Credit Card Information:**

Visa / MasterCard #: \_\_\_\_\_

Expiry Date: \_\_\_\_\_/\_\_\_\_\_ CVV / CVC # \_\_\_\_\_ (3 digit number on the back of the card)

Card Holder's Name: \_\_\_\_\_

Card Holder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## PRE-AUTHORIZED DEBIT (PAD) AGREEMENT BUS SERVICE FEES

### 1. Customer Information (Please print clearly)

First and Last Name(s): \_\_\_\_\_

Complete Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Payment is made by: \_\_\_\_\_ an Individual \_\_\_\_\_ a Business

Student's name (Last, First) and Grade \_\_\_\_\_  
\_\_\_\_\_

### 2. Bank Account Information (Please include a Void cheque)

Account Number: \_\_\_\_\_ (maximum 12-digits)

Branch Number: \_\_\_\_\_ (5-digits) Institution Number: \_\_\_\_\_ (3-digits)

Financial Institution: Name: \_\_\_\_\_

Branch Location: \_\_\_\_\_

### 3. Pre-Authorized Debit Details

I/We authorize Mennonite Educational Institute Society (operating as MEI Schools) to debit the bank account identified above as per my/our instructions for monthly recurring payments and/or one-time payments from time to time, for payment of tuition and other related fees arising under my/our MEI Schools tuition account. Regular monthly tuition payments for the cost of personal education (as set out in the current Tuition Schedule & Policies document as found [www.meischools.com](http://www.meischools.com)), will be debited to my/our account on the 1st day of each month or the next business day (September to June). **I/we hereby waive the standard pre-notification period.**

I/We may revoke this authorization at any time and it will remain in effect until I/we provide MEI Finance Office notification of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the school address provided below. I/we may obtain more information on my/our rights to cancel a PAD Agreement at my/our financial institution or by visiting [www.cdnpay.ca](http://www.cdnpay.ca).

I/We have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca). Please contact the Finance Office for all reimbursements.

Account Holder(s) Signature(s): \_\_\_\_\_

Date: \_\_\_\_\_