

LMS Transportation Service

All LMS Operated Routes

2021-22 Rider Registration

Please complete a separate Registration form for each student

Return to: Lancaster Mennonite School, 2176 Lincoln Hwy E., Lancaster, PA 17602

Or email to shreveca@lancastermennonite.org

Student Name: _____

Parent/Guardian Name(s): _____

Address: _____

Email: _____ Phone _____

Choose a Route:

_____ Chester County Route – Limited to nine riders. Annual fee riders will have priority.

_____ Oxford (Bethany Christian School) 6:50am / 4:15pm

_____ Hostetter Market 7:00am / 4:05pm

_____ Cochranville (West Fallowfield Community Center) 7:10am / 3:55pm

_____ Parkesburg (Walmart) 7:25am / 3:40pm

_____ Columbia Route

_____ Columbia (Turkey Hill Experience) 7:05am/4:05pm

_____ Mount Joy (Mt. Joy Mennonite Church) 7:23am / 3:47pm

_____ Manheim (LCBC Church, Route 772) 7:38am / 3:35pm

_____ Hershey Route

_____ Hershey Library 7:02am/4:10pm

_____ Elizabethtown (E-town Mennonite Church) 7:25am/3:47pm

Bus pick up, drop off times and locations are subject to change based on registration numbers.

Choose a frequency of service (Annual or Per Trip):

1. _____ Annual Fee (whole school year)

a. _____ Chester County \$1,500/yr. \$150 /month – (10 months Aug. – May)

b. _____ Columbia – \$1,200/yr. \$120/month – (10 months Aug. – May)

c. _____ Hershey – \$1,200/yr. \$120/month - (10 months Aug – May)

If this registration is for a 2nd, 3rd, or more rider(s) from the same family, a 50% discount will be applied to the annual trip rate.

2. _____ Per Trip – Columbia & Hershey \$5.50 per trip, one-way

3. _____ Per Trip – Chester County \$6.00 per trip, one-way

NOTE: Annual option guarantees a seat on the bus. Families who choose the per trip option should always confirm seat availability with the bus driver before leaving a child at a bus stop. Please note that your riding option cannot be changed during the school year because bus rates are pre-determined and drivers are contracted based on the options that parents choose.

Bus fees will be billed through your FACTS account starting in August. Please choose if you would like to pay the bus fee in full or each month.

1. _____ I will pay my transportation fee in full by August 30th. Please invoice for the full transportation fee on my FACTS account.

2. _____ I will pay my transportation fee monthly starting in August. Please invoice my FACTS account for the transportation fee from August to May (10 months)

Parent Signature _____ Date: _____