



Bus Registration for 2024-2025

We are pleased to offer bus service for students from the Jewish Community Centre (JCC), located at 950 W 41st Ave, Vancouver, to RJDS in the morning and from RJDS to the JCC after school, as follows beginning on Wednesday, September 4, 2024.

- Morning pick-up at the JCC parking lot (41st & Oak) at 8:00 AM
- Afternoon drop-off at the JCC will be by 4:00 PM on regular school days and approximately 30 minutes after classes end on early dismissal days.

Bus Fees

- Monthly fee: Return trip to and from the JCC: \$155
- Monthly Fee: One way: \$95
- Specific days one way: \$12 per trip

Payment will be made via pre-authorized debit. Please see the PAD Document on the next page

Family Name	
First Name of Student #1	
First Name of Student #2	
First Name of Student #3	
Parent's Full Name	
Parent's Cell Phone Number	

Service Required:

- Monday-Friday AM/PM
- Monday-Friday AM only
- Monday-Friday PM only
- Specific Days - please contact the office

****By typing my name below I acknowledge that the ability of my child/ren to ride the bus is conditional on the fact that they are able to ride the bus in a safe and respectful manner. The school reserves the right to prohibit students from riding the bus, if the school administration determines that the student's conduct is inappropriate and/or unsafe. I acknowledge that there is camera surveillance on the bus.**

Thank you for registering for our Bus Service. Please make sure to fill out the PAD Agreement form for payment which can be found on the next page.



PAD (Pre-Authorized Debit) Agreement

Please complete this form and return to jragetli@rjds.ca

I authorize Richmond Jewish Day School to debit the bank account identified below, for bus payments totalling

\$_____ as follows:

- Bus fees of \$_____ per month paid over 10 months on the first day of each month from September 2024 to June 2025.

PAYOR INFORMATION

Name(s): _____ Address/Contact Information: _____

Signature: _____ Date: _____

FINANCIAL INFORMATION (Please attach a void cheque.)

Account Number: _____

Branch Transit Number (5 digits): _____ Financial Institution Number(3 digits): _____

Financial Institution Name: _____

Financial Institution Address: _____

I may revoke my authorization at any time, subject to providing notice of 10 business days. To obtain a sample cancellation form, or for any more information on my right to cancel a PAD agreement, I may contact my financial institution or visit www.cdnpay.ca. I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.