

Bus Slip

Students Name: _____ Grade: _____

Phone #: _____ Parent(s) name: _____

Will ride the bus only not in program Will ride the bus & in the Monday program

Parent Signature: _____

*If your child is riding the bus please make checks payable to: TOWN OF STERLING.
The cost for the season is \$75.00.

E-Mail: _____

**Please fill out and return with program application