

MCPT K-12 Student Route Policy

Macoupin County Public Transportation K-12 Student Route Policies are as follows:

- Students must remain properly seated and buckled until the vehicle has come to a complete stop.
- The driver will only make **one (1)** attempt to pick up your student during the initial route. MCPT will not send a driver back to the house and/or facility if your student misses the transit vehicle.
- It is the responsibility of the driver to get your student home safely. It is the Parent/Guardian's responsibility to ensure someone is home when the child is dropped off. If the child cannot enter the home, they will be taken to the nearest police station.
- **Passes must be paid in full on or before the 15th of the prior month** to ensure they have a seat on the transit vehicle for the next, upcoming month. Once the pass expires, your student will **NOT** be picked up and the seat will be opened to other students. The school will be instructed not to place the student on the route. Seats will not be held without payment being made on or before the 15th of the prior month.
 - Each pass is good for one calendar month, regardless of attendance.
 - Drivers will **not** accept payments; they must be paid for in the office, via phone with a credit or debit card, or by recurring credit card agreement.
- Any changes to your child's pick up /drop off location must be made 48 hours in advance by contacting the MCPT office at 217-839-4130.
- Please notify the MCPT office in advance at 217-839-4130 if your student will not be riding on the school route. You may leave a message if there is no answer or if it is outside of normal business hours.
- Students must keep hands to themselves and be respectful to other students and the driver. No foul language, fighting, bullying, smoking, vaping, or use of any tobacco products will be tolerated.
- Students must respect the rules and the driver's authority at all times.
- MCPT vehicles are equipped with audio/visual surveillance.
- No attendant is present on the MCPT vehicle.
- Payment for August (\$40) and September (\$40) is required at registration to reserve a seat (\$80).
- This route provides service within a distance of 1.5 miles from your child's school.

Failure to comply with any of these policies will result in IMMEDIATE termination from the program. NO EXCEPTIONS.

Office Contact Information:

Phone: 217-839-4130

Address: 509 Illinois Avenue, Gillespie, IL 62033

2024-2025 MCPT Student Route Registration Form

Student Name: _____

Home Address: _____

Billing Address (if different from above): _____

Pick Up/Drop Off Address (*if different from home address*):

Pick Up _____

Drop Off _____

Phone #: _____ - _____ - _____ Alternative Phone # ----- _____

Date of Birth: ____/____/____

Special Needs: _____

Parent/Guardian (please print)

•Name: _____ Relation: _____ Phone #: (____) ----- _____

•Name: _____ Relation: _____ Phone #: (____) ----- _____

Facility: Staunton BenGil Gillespie Middle/High School Grade: _____

Days Riding: M T W Th F Times: AM Route PM Route AM & PM Routes

Emergency Contact (*other than parent/guardian*):

Name: _____ Phone #: (____) - _____ - _____

List any other contacts who are allowed to make changes to your student's schedule:

Please check to keep provided debit or credit card on file for autopay on the 10th of each month (\$40.00)

I certify that I have received, read, and understand the MCPT Student Route Policy and have shared it with my student. I understand that this is not an aide-assisted route. I understand that my student may be on a bus with audio-visual surveillance. I understand that failure to comply with the MCPT K-12 Student Route Policy will result in my student immediately being removed from the route.

Parent/Guardian (printed name): _____

Parent/Guardian Signature: _____ Date: ____/____/____



**Macoupin County
Public Transportation**

509 Illinois Ave., Gillespie, IL 62033

Phone: 217-839-4130

Fax: 217-839-3809

ACKNOWLEDGMENT OF RECEIPT

My signature below indicates that:

- I am either the parent or guardian of the students listed below.
- I have been given the opportunity to read the MCPT K-12 Student Route Policy.
- I have been provided with a copy of the MCPT K-12 Student Route Policy.
- I have been given the opportunity to ask questions and have my questions answered by MCPT staff before signing.

Printed Name: _____ Date: _____

Signature: _____

Student Name(s): _____

FOR OFFICE USE ONLY:

Staff Affirmation

On this date, _____, I gave a copy of the MCPT K-12 Student Route Policy to _____, who is the parent/guardian of

An explanation of the policy as well as answers to all parent/guardian questions have been provided in a language and method of communication understood by the parent/guardian.

Staff Printed Name: _____ Date: _____

Staff Signature: _____



**Macoupin County
Public Transportation**

509 Illinois Avenue, Gillespie IL 62033
Phone: 217-839-4130 Fax: 217-839-3809

RECURRING CREDIT CARD PAYMENT AUTHORIZATION

I, _____, authorize regularly scheduled charges to my credit card for the monthly student route pass. I acknowledge that my credit card will be charged \$40 on the 15th for each billing period. The charge will appear on my monthly credit card statement and a receipt for this transaction will be mailed upon my request. I agree that no prior notification will be provided unless the date or amount changes, in which case I will receive notice from MCPT at least 10 days prior to the payment being collected. If the 15th of the month falls on a weekend or a holiday, my credit card will be charged on the business day before the holiday or weekend.

I, _____, authorize Macoupin County Public Transportation/MCPHD to charge my credit card provided below for \$40.00 on the 15th day of each month.

Billing Information

Billing Address _____ Phone# _____
City, State, Zip _____ Email _____

Card Details

Visa Mastercard Discover American Express
Cardholder Name as it reads on card _____
Credit Card Number _____
Expiration Date _____ / _____
CVV# (3-digit # from the back of the card) _____
Zip Code _____

I understand that this authorization will remain in effect until I submit a request for cancellation in writing. I agree to notify Macoupin County Public Transportation in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payment may be executed on the business day prior to the 15th of the month. I acknowledge that the origination of the credit card transactions to my account must comply with the provisions of U.S. Law. I certify that I am an authorized user of this credit card and will not dispute these scheduled transactions; so long as the transactions correspond to the terms indicated in this authorization form.

Cardholder's Printed Name Cardholder's Signature Date